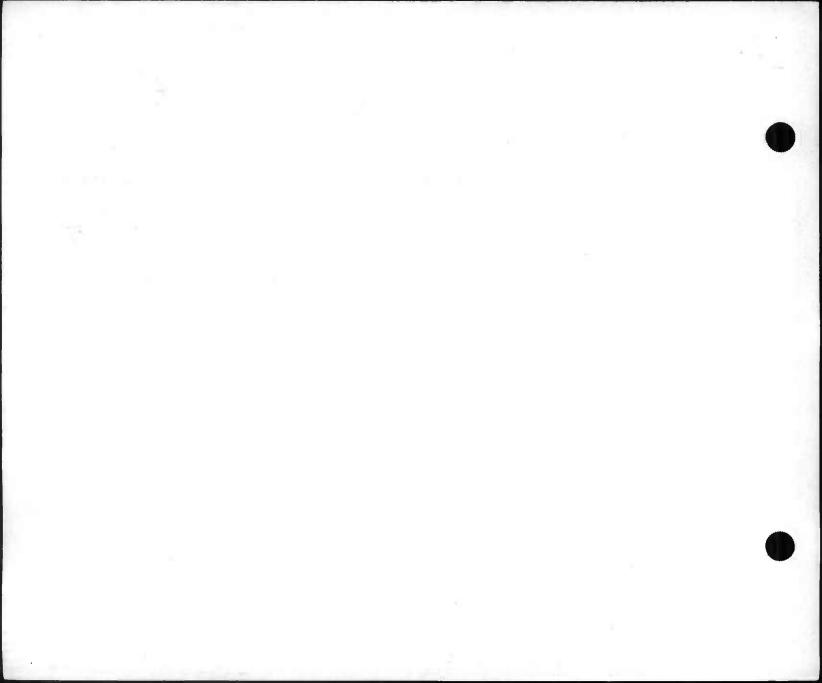
				STATE OF MARYLAND		
	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 ()	1 1 3 8 2
<u> </u>	DEC	EASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	
- 1		Don	is V.	ABell	3/5/	80 420 AM
3.	SEX		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
		F	WHITE	7-21-13		RS.
25 70		THPLACE (STATE OR FOREIGN UNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED   NEVER MARRIED	BALTIMORE CITY OR COU	INTY OF DEATH
12		190.	USH	WIDOWED DIVORCED	HUNE HE	UN DEL MO.
53	The	YORTOWN OF DEATH	(IF NO) IN SEC FACILITY, GIVE STR	SING HOME OF OTHER INSTITUTION SET ADDRESS.	126 USUAL OCCUPATION	NG LIFE) 126. KIND OF BUSINESS OR INDUSTRY
35	SUA So ST	RESIDENCE (IF NURSING HOME		ORE ASMISSION) 134. INSIDE CITY LIMITS?  YES NO	13. STREET ADDRESS	Wal Riv
14	FA	HER'S NAME	1 HOWEI	// IS MOTHER'S MAIDEN	11/4 02 03-11-1-	WW 111)
21 F	P	and ME	POIKEN (DW)	THER BISIE	WIEDLE	FRAUTUM
1	a W	AS DECEASED EVER IN U.S. AS, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 168 SOCIAL SE	CURITY NO. 17 INFORMANT	WAPIF LAPENT	5W #13
` <b> </b> =	T	18 CAUSE OF DEATH (Enter	only ane cause per line far (a), (b),	and ICA	DIMERLINGE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	-1	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	DH .		STATE OF STA
	1	431-	DUE TO, OR AS A CONSEC	DUENCE OF		
	-1	Conditions, if ony, which	(b)			
		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEC	DUENCE OF		
alory, or other recommendations		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
$\exists$	CEKTIFICATION	% DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED
2	Ĭ				YES NOSZ	ERTIFYING CAUSES OF DEATH?  YES \( \begin{align*}
0	Š	21a ACCIDENT WAS UNDERLYING		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	A 18, PART I OR PART 2)
7 3	₹	OR CONTRIBUTING CAUSE OF (	A A I I	19		
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION	CITY OR TOWN	COUNTY STATE
Ι.	2	WHILE NOT WHILE AT WORK			-1-1-1-	
		The first of the state of the s	pital) attended the deceased from		10 3/3/80	, 19, that (I)-(#e) last
		spw the deceased alive a above, (II (ww) (did) (did)			an death accurred an the date and	hour and fram the causes stated
		226. SIGNATURE	thins In -	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DPHYSICIAN D	222. DATE SIGNED
		224 PHYSICIAN'S NAME STYPE	GR PRINT)	214 ADDRESS	101	111
4		J WATK	iws	121 CATHED	EAL ST, HUNG	gaylis MD.
K	A DI	RIAL CREMATION, REMOVA	1 234 DATE 7/80 23	NAME OF CEMETERY OR CREMATOR	234 LOCATION (	COURT PAS
7	FJ6	PERAL DIRECTOR 7	1 101/00	250. D	ATE REC'D. BY REGISTRAR 258 RE	GISTRAFS SIGNATURE
/7B	Ki	MITHIN	solemne of	nd.	MAY 7 1980	history Matresdy
V		1111	1			



230. BURIAL, CREMATION, REMOVAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO 2n DATE OF DEATH ANDERSON. 1899 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED A.A. Count DIVORCED [ 12b. KIND OF BUSINESS Supervisor Food 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? AVENUE 205 MARGARET Klein 17 INFORMANT 113 West 11th Baltimore, Md 218-22-0892 John Anderson APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH STANDSTILL HEART DISEASE MARTERIOSCLEROTIC CARDIOVASCULAR PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PERIPHERAL VASCULAR DISEASE. MULTIPLE PULMONARY 20h, IF YES, WERE FINDINGS LISED 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21f. LOCATION CITY OR TOWN COUNTY STATE NOVEMBERIO ond that in (my) (our) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

Burial Cross Cemetery Brooklyn Pk A.A. 24 FUNERAL DIRECTOR Gonce 4001 Ritchie

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

1980

23d. LOCATION

SER STATE OF THE PROPERTY OF THE SERVICE OF THE SER Control of the contro

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3	15

deoth

completely filled in by the funeral director, p I and 2 should be filed within 72 hours ofter

corbon popers. Poges

should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony

After this certificate has been

offending physicion.

injury, or other troumotic

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- 10	480	
- 1	3	8	4
	~	0	-

L.	REGISTRAR				CERTIF	ICATE OF DEATH	REG	. NO.		3
	CEASED NAME E OR PRINT)	ini ce	É	AIDDLE	Ba	ast	20 DATE OF DEATH	5-16	- 801	OP M
3. SE	F		Cauc		S. DATE C		6 AGE (IN YEARS LAST			JNDER 24'HRS DURS MIN.
	IRTHPLACE (STATE OR I		CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWE				Anne AR	undal	County	Y MD.
1	nna Poli	O A	nne Aku	inda Gai	rena(	HOSPITAL	12a USUAL OCCUP (TYPE OF WORK FOR MO HOUSEW	ST OF WORKING LIFE)	126 KIND OF BU INDUSTRY	ISINESS OR
Ma	AL RESIDENCE (IF NUR STATE TYLAND	13b COUNTY Arund		GIVE RESIDENCE BEFORE 13c. CITY OR TOW  Annapoli		13d. INSIDE CITY LIMITS? YES X NO		ard Ct.		
14. F	Robert	B. Bum		LAST	3	15 MOTHER'S MAIDEN NA FIRST	ME MIDDLE	E	LAST	
	WAS DECEASED EVER YES, NO OR UNKNOWN) <b>NO</b>	(IF YES, GIVE W		166 SOCIAL SECU		James P. Bea	-	polis M		
	Conditions, if ony, which gove rise to immediate couse to l. stating the underlying couse last			RAS A CONSEQUE  RAS A CONSEQUE	NCE OF	nsuffic Heart	thesp, to	adure	24	1-
CERTIFICATION		PART 2 OTHER SIGNIFICANT CONDITIONS				NOT RELATED TO THE TERM	200 AUTOPSY?	70b. IF YES, V	WERE FINDINGS NG CAUSES OF I	
MEDICAL CER	21d. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK AT WORK	CAUSE OF DEATH CALEXAMINER) RED	P./ 21e PLACE (	m. MONTH DA m.	19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF I		( OR PART 2)	STATE
l l	220.1 certify that (I sow the decease above, (I) (was) 22b SIGNATURE	ed olive on	16m	198	<u>O</u> . on	d that in (my) (ser) opinion	death occurred an th	e date and hour o		
	22/ PHYSICIANS N GARY	M. K. AME (TYPE OR PR	who into	dson, my	1.D.	22e ADDRESS	Street /		15-17	-8U 12140)

BP.

HOSPITAL OR ATTENDING PHYSICIAN: The lo

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: etoined by the hospitol

5/19/1980

23b. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23c. NAME OF CEMETERY OR CREMATORY Warrenton

23d. LOCATION

Warrenton, Fauquier, Va.

24 FUNERAL DIRECTOR Moser Funeral Home, Inc. , Wärrenton, Virginia

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JO DECEMBER 1

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-over brench dom, Inc. , barronton, Wireinia MAY 21 4588

certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital ar attending physician. FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOLENE

1	1	3	8	5

		REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. N	Ο.		
	1. DEC	CEASED NAME OR PRINT! Thoma	FIRST	Aaron	MIDDLE Ber	ndall	LAST			монтн 5-29-8	BO YEAR	26 HOUR 8;00 M
	3 SE)	Male		Cauc.		5 DATE O	H DAY Y	EAR	6 AGE (IN YEARS LAST BIRT	YRS	IF UNDER 1 YEAR	
7	70 BIF	RTHPLACE (STATE ORF	oreign gland	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRI	ED 🔲	A.A. Co.	R COUNTY	Y OF DEATH	MD.
3	Ar	ty or town of de. napolis		Anne Ar	rundel Ger	n. Ho	or other institutions		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Carpenter	F WORKING LIF	FE) INDUSTRY	OF BUSINESS OR
1	13a. S	AL RESIDENCE (IF NUR TATE Md.	136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE 136. CITY OR TOWI Mayo		13d INSIDE CITY LIM		300 Lakev	iew A	ve	
2		THER'S NAME erbert	Henry	MIDDLE	Bendall		Margare		Ann		Macdou	gh
	(Y	VAS DECEASED EVER res, no or unknown) VO		MED FORCES? E WAR OR DATES)	579-07-		Eileen Va	ander	burgh May	o Mar		XIMATE INTERVAL I ONSET AND DEATH
7	CERTIFICATION	gove rise to immodule to gove rise to immodule to gove the course to gove the course of the course to gove the government to go	ng the lost	(c)CONDITIONS <u>CC</u>		EATH BUT	NOT RELATED TO TH		NAL DISEASE OR CON	20b. IF YES	/EN IN PART 1 S, WERE FINDI FYING CAUSE:	INGS USED
	MEDICAL CERTI	21a. ACCIDENT WAS UN OR CONTRIBUTING IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE AT WORK NOT WAT WO 22a. I certify that (II) say the deceas above, (II) (West 22b. SIGNATURE 22d. PHYSICIAN'S N. Rodney L.	CAUSE OF DE.  AL EXAMINER)  RED  HILE  (this trospi  ed alive an  AME (TYPE C	P 21e. PLACE (AT HOME, STR (TOT) attended the	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA e deceased from 19	19 ARM, ETC.)	21f LOCATION STREET  , 19, and that in (my) OPERE  ATTENIA PHYSIA  22e. ADDRESS	opinion de	CITY OR TOW  CONTRACTOR OF INJUR  CITY OR TOW  CONTRACTOR  MEDICAL STAI  DIRECTOR PHYSIC  Dr. Annapo	ote and hou	COUNTY  19 27 ond from the	STATE  STATE  STATE  STATE  STATE  STATE  STATE
	Bu	URIAŁ, CREMATION, JPECIĘY) JPIAL JNERAL DIRECTOR	REMOVAL	23b. DATE 65-31-8			nt Mem.		23d. LOCATION CITY OF TOWN Davidson REC'D. BY REGISTRAR		A.A.	Md STATE
	-	r.A. Harde	sty	Annar	oolis Md.	2140		JUI	0 4000	A.	May Me	Credy

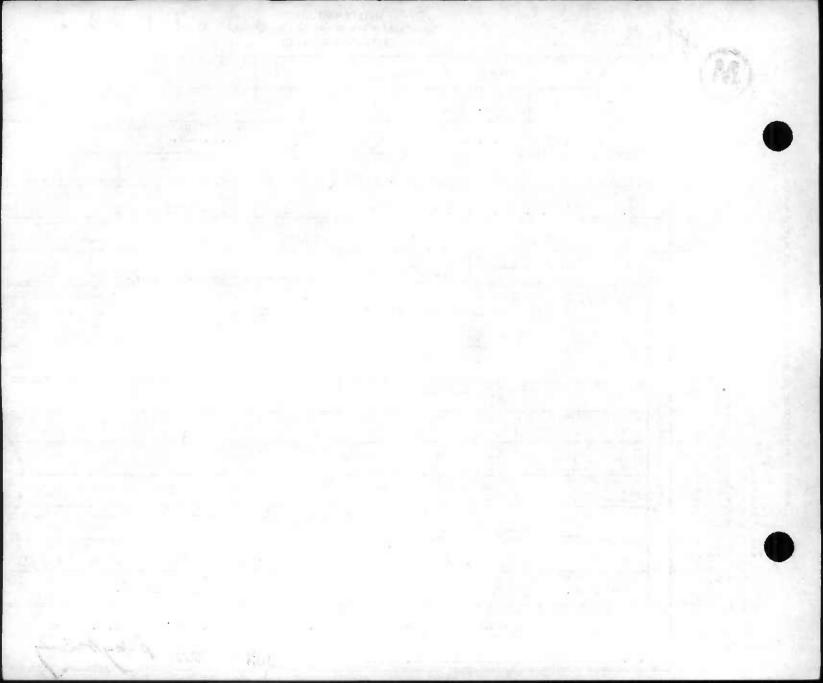
JUN 3

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carban-papers. Pages 1 and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

with the State Dept. at Health and Memar Hyguein, processing and injury, or other traumatic event, the medical examinAPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, the medical exam



	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	I Sign	1 7 9 4
	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	DST
- 14	I DECEASED NAME FIRST (TYPE OR PRINT) Davi	Anthony	Benner	28 DATE OF DEATH MONTH	DAY YEAR 25 HOUR 5, 19802:10P
oce.	1 SEX Male	4 RACE White	5 DATE OF BIRTH OCT. 5 1948	6. AGE [IN YEARS LAST BIRTHDAY]	IF UNDER I YEAR IF UNDER 24 H
Though The state of the state o	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?		BALTIMORE CITY OR COUNTY Anne Arundel	TY OF DEATH
by the fured within	Olen Burnie	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET North Arundel	NG HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING Security	126. KIND OF BUSINESS
filled in Jid be fill niner mu		OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION) VN	130. STREET ADDRESS 208 Third	-
mpletely fills and 2 should dical examin	14 FATHER'S NAME FIRST George	H. Benne:	IS MOTHER'S MAIDEN NA		Boehm
an and com Pages 1 an	160 WAS DECEASED EVER IN U.S. 1485, NO OR UNKNOWN) (# 485, C	ARMED FORCES? IN SOCIAL SECU SINE WAR OR DATES) 217.52		ADDRESS H. Benner (1	Same Father) 13
I: The law requires that the dea the been signed by the attend permit. Then please remove carl iene prior to burial, cremation, ishows any injury, or other trau	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFICAN  19a DATE OF OPPRATION  21a. ACCIDENT WAS UNDERLYING	resolving left	a, right lung,	200 AUTOPSY? 200 IF Y	GIVEN IN PART 1(0)  LES, WERE INDINGS USED THYTING CAUSES OF DEATH?  YES NO
ATTENDING PHYSICIAN: Troital or attending physician.  ECTOR: After this certificate ha for use as the burial-transit perm of Health and Mental Hygiene em 21 is marked or Item 18 sho	OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAMIN THE INDUSTRY OF COURED WHILE AT WORK NOT WHILE AT WORK	DEATH HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	AY YEAR 19 211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM II	COUNTY STATE
the hosp the hosp AL DIR stached ite Dept IT: If It	sow the deceased alive	nody m.D.	DEGREE  ATTENDING	death accurred on the date and h	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TO HOSPIT retained by TO FUNER should be de with the Ste		Mody, M.D.	NAME OF CEMETERY OR CREMATORY	734 LOCATION	
BP DHMH-16 25M (VRA 15, 4) 1/79	Burial 24 FUNERAL DIRECTOR NAME	May 29,80 GJ	len Haven Cemete	E REC'D. BY REGISTRAR 256. REGI	COUNTY STATE  DIE AA MA.  ISTRAR'S SIGNATURE

Loic K. Benner T e inse inimitel County Glen urnie lore: randel (ositel The state of the s the means a right lange when it Fragging and the first property and the least the posterior and difference of the second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH D.S.T. REGISTRAR REG. NO LAST 2e DATE OF DEATH DECEASED NAME MONTH 2b. HOUR TYPE OR PRINT! MAY 7, 1980 12:30 Eudorus FRED BITTNER IF UNDER 24 HRS 5. DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 4 RACE April HOURS DAYS White 20,1928 Male 52 YRS BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY USA Pennsylvania WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IZe. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Civil Serv. GLEN BURNIE NORTH ARUNDEL HOSPITAL Meterologist USUAL RESIDENCE (# NUSSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1136. COUNTY 1137. CITY OF TOWN 136 COUNTY GlenBurnie 134 INSIDE CITY LIMITS? 13. STREET ADDRESS 1019 Sharon Drive Maryland YES [ NO X 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME Wendell MIDDLE Bittner MIDDLE Ruth Waxham 160 WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. ADDRESS as

	()	Yes, NO OR UNKNOWN)	Kore	an	193.22	.0061	Mrs.	Diane	e V	7. Bittne	er (wi		13
		PART I. DEATH W		Y: AUSE (a)	line far (a), (b), o	hapre	AT D	STUCIO	The A			BETWEEN	KIMATE INTERVAL LONSET AND DEATH
		Canditians, if any, gave rise to imp cause (a), statin underlying cause	mediate ig the		R AS A CONSEQ	UENCE OF	Unn	ag m	Y U	y one	m_	Jen	-
	NOI	PART 2 OSHER SIGN	VIFICANT CON	I WWW	-0	DEATH BUT		100.14	MINA	AL DISEASE OR CON	IDITION GIVE	V IN PART 1	lai
9	TIFICAL	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHIC	H OPERATIO	N WAS PERF	ORMED		20a AUTOPSY? YES NO			NGS USED S OF DEATH?
9	CAL CER	210. ACCIDENT WAS UNE OR CONTRIBUTING US THE EITHER, NOTHEY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	Zic HOW	NJURY OCCU	IRRED	(ENTER NATURE OF INJU	BY IN ITEM 18, PAR	T 1 OR PART 2)	
		21d. INJURY OCCUR!	HILE [7]	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCAT	T		CITY OR TO	WH	COUNTY	STATE
		220.1 certify that (1) saw the decease above, (1) (we) (c	ed alive an	2-19	190	C -	Ψ	y) (aur) apinia		, ta	ate and haur		that (I) (we) lo causes stated
		22b. SIGNATURE	2 7	200	11-		DEGREE	ATTENDING	book	MEDICAL STA	FF CIAN [		SIGNED

22e ADDRESS

23d, LOCATION CITY OR TOWN

Baltimore

1980

250. DATE REC'D. BY REGISTRAR 258. REGISTRAR'S SIGNATURE

STATE

Maryland

23c. NAME OF CEMETERY OR CREMATORY

Security Process

Home, Glen Burnie, Md

TO FUNERAL DIRECTOR: should be detached f with the State Dept. MPORTANT BP. **DHMH-16 25M** (VRA 15, 4) 1/79

274 PHYSICIAN'S NAME (TYPE OF PRINT)

Singleton Funeral

230. BURIAL, CREMATION, REMOVAL

Gremation

24 FUNERAL DIRECTOR

HILARY T. O'HERLIHY, M.

23b. DATE

May

7,80

	A THE RESIDENCE OF THE PARTY OF				
17.50	= MAY 7, 1980		ABVITTE E	mosma	0/0/1
		Babi,		931.1	19.2 SM
, Y	ANNE AREMONEL COUNTY		2		nimelymme.
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	kan noant har			minuted.	A BOBS HE
	v. wistent (will	9,111	ge (Azoo.)	an 193.22	708 Year

HILARY T. O'HERLIHY, M. D.

# FOR - STATE REGISTRAR 5 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. executed within 24 hours ofter MPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other troumotic event, the medical exam certificate be requires that the death TO HOSPITAL OR ATTENDING PHYSICIAN: The low 0 etoined by the hospitol or attending physician

24 FUNERAL DIRECTOR
NAME
WILLIAM REESE & SONS M

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSENE CERTIFICATE OF DEATH

8 3 8

п		KEO IO I KAK				REG. NO	J.			
		CEASED NAME FIRST	MIDDLE	0	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
1		Jane		Bv	rent	May	4.19	80	9 3	· M.
	3. SE)	X 4	RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF L	INDER I YEAR	IF UNDER 24	HR5
ı	-	-emale	Black	APY		68	YRS.	THS DATS	NOOKS /	10/11/4
1		RTHPLACE (STATE OR FOREIGN 71	b. CITIZEN OF WHAT C	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
į		IARYLAND	U.S.A.	WIDOWE	_	Anne A	runde	[		MD.
	10 CI	TY OR TOWN OF DEATH		NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)					F BUSINES	S OR
1	A	nnapolis	Anne Aru	ndel Ger	n. Hosp.			INDUSTRY		
,	USU / 13a. S	AL RESIDENCE (IF NURSING HOME OR O			13d INSIDE CITY LIMITS?	13e STREET ADDRESS				
	Ma	cryland A.A.	1 ^	napolis	YES NO	49 Town	pine	Cour	+	
i	14 FA	ATHER'S NAME	IDDLE	BROWN	15. MOTHER'S MAIDEN NAME MARGARE		J	PARKER	}	
٦	160 V	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS			
١	(1	YES, NO OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES) 215	5-16-1877	FRANK BROWN	827 Spa Roa	d Anna	apolis	. Md.	
1		18 CAUSE OF DEATH (Enter only	one couse per line for	(o), (b , ond (c )		N.			MATE INTERVA	AL BATH
1	30	PART I. DEATH WAS CAUSED IMMEDIATE	1164	sperate	or otro	2		50	nuni	1
١		2391		ONSEQUENCE OF	0					
ı		Conditions, if ony, which	( (b) B	roin /	lumor					
ı		gove rise to immediate couse (a), stating the	DUE TO, OR AS A	ONSEQUENCE OF	,					
ı		underlying cause last	( (c) l	ung/	lumo					
	7	PART 2. OTHER SIGNIFICANT CO	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI					IN PART 10	) .	
4	CERTIFICATION	/ / /	0146			I - a - with a salida	206. IF YES, WERE FINDINGS USED			
	FICA	19g DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYIN			?
9	RT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	V	121. HOW IN HURY OCCUPA	YES NO	YES [		NO [	
		OR CONTRIBUTING CAUSE OF DEATH	1100110 4 44 446	ONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	OR PART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJU	19	21f LOCATION					
ı	ME	WHILE CO NOT WHILE CO		DRY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	/N	COUNTY	STATI	E
		AT WORK AT WORK	d) attended the decay	sed from 29 7	APIL 10 OC	4 /	AY 10	80	that (I) (we	- VIII-at
		so the deceased alive on	4 MAYN	19 80 00	d that in (my) (our) opinion	deoth occurred on the do	ote and hour or			,
ı		The SIGNATORE!	view the body offer de	oth.	DEGREE			22c. DATE S	SIGNED	
		5. Jeh	Mak		ATTENDING PHYSICIAN	MEDICAL STAF		5/X	LAY 8	0
		22d. PHYSICIAN'S NAME (TYPE OR P		200	22e ADDRESS	1115	- 2	× / /	0	
4		LEIBIT S		DEV	ds 54	AWSI	HYEI	Y40	roc!	5
	230. B	Burial, cremation, removal specify) <b>URIAL</b>	23b. DATE		EMERINE PARK	23d. LOCATION CITY OR TOWN	CO	UNTY	STATE	
	D	OUTAL	5-7-1980	PINELAW	N FEE LYNN	Annapolis	A.A	. M	aryla	nd

Annapolis, Md.

ORTUARY.

250. DATE REC'D. BY REGISTRAR 256.

1980

DHMH - 16 50M 1/76 (VR A 15 (4))

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completely filled in by the funeral director, I and 2 should be filed within 72 hours offi

ve corbon popers. Pages 1 physician

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injury, or other troumotic

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MPORTANT: If Item 21 is marked or Item 18 share

MEDICAL CERTIFICATION

should be detached for use as the burial-transit permit. Then plea with the State Dept. of Health and Mental Hygiene prior to burial,

After this certificate has been

attending physician

OR ATTENDING PHYSICIAN:

	FOR T STATE REGISTRAR		ENT OF HEALTH AND CERTIFICATE OF	MENTAL HY GENE	REG. NO.	1 3 9	0
	T DECEASED NAME PIRST	et E	BUN	2a DAT	May 4	, 1980	11.75 M
	3 SEX MALC	CAUSCIAN	5 DATE OF BIRTH MONTH DAY 10 - 22	6. AGE	(IN YEARSH ST BIRTHDAY)	IF UNDER LYEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
0	70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) North CareLiux	76 CITIZEN OF WHAT COUNTRY?	MARRIED MEVER	MARRIED L	ANNE Ar		O, MD
2	A NN R PO LIS	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD ANNA POL'IS CONVI		TYPE OF	JAL OCCUPATION WORK FOR MOST OF WORK RETIRES -	ING LIFE) INDUSTRY	of Business Or Empleyee
5	13a. STATE 13b COUI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A NTY 13c. CITY OR TOWN A NEW APRIL	13d INSIDE	CITY LIMITS?   13e STR	EET ADDRESS	INE WOOD	1 12.
2	14. FATHER'S NAME FIRST ROBERT 6	BUNN LAST		R'S MAIDEN NAME FIRST	MIDDLE FL	LLLUR	ST
	(YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b SOCIAL SECURI WE WAR OR DATES) 239 - 28		ANT .	BUNN 5	Ames 45	34.C

(YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	THE SOCIAL SECONITY INC.	TO INTORMANT			
Me S	wwI	239-28-5728	ELIZAbeth	BUNN	SAMES 4	5 13 M-C
HARTI DEATH WAS	S CAUSED BY  AMEDIATE CAUSE (0)  DUE TO, O	The form on, (b) and (c)  Debility  OR AS ACONSEQUENCE OF 1	infaretions		BETT	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
Conditions, if any, vigove rise to imme- couse to stating underlying couse	diote	erebral BRAS ACCINSEQUENCE OF A Theroscl		valigeel	10	years) years
PART 2. OTHER SIGNIF	icant conditions c	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE ERMINA	L DISEASE OR CON	DITION GIVEN IN PA	R1 1(o)
19a DATE OF OPERATIO	ON 196 COND	ITION FOR WHICH OPERATION		200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	

NO YES [

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER)

21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK

22a. I certify that (1) this hospital) attended the deceased from that ( (we) lost and that in (ny) (our) opinion death accurred on the date and hour and from the causes stated not) view the body ofter death

DEGREE 22c. DATE SIGNED PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

22e ADDRESS

23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION, REMOVAL (SPECIE) 23d. LOCATION CITY OR TOWN

ANN A POLICE Hillemest Mems, Gardens

24. FUNERAL DIRECTOR ANNYA 57.

STATE

STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

FUNERAL DIRECTOR: etoined by the hospital

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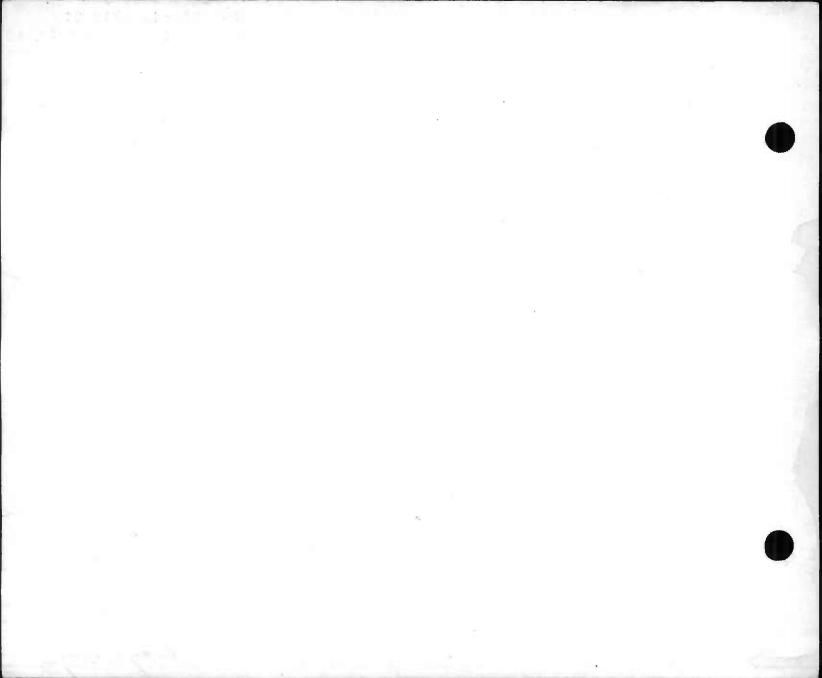
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STATE OF MARYLAND

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter deam. Polospital or attending physician.	
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C. C. ATTENDING PHYSICIAN: The	
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### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 20 DATE OF DEATH 1 DECEASED NAME MONTH 26. HOUR YEAR (TYPE OR PRINT) director, page 3 hours after death Bor CARPENTEI IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR May BLACK 4, 1980 MALE In BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED | NEVER MARRIED the funeral d within 72 ) COUNTRY) NDEL MARYLAND WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY filed NAPOLIS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b COUNTY 13c. CITY OR TOWN mpletely filled in and 2 should be 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 101 Robert Small Rd. Md. A.A. Co. Annapolis YES [ NOXIX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST Crystal Carpenter UNKNOW ADDRESS medicol 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I I IF YES, GIVE WAR OR DATES) 13e Crystal Carpenter event, the APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: 22-24 WEEKS MISCARRIAGE IMMEDIATE CAUSE (0)\_ troumotic DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which rise to immediate couse (o), stating or other DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION pee 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ğ IN CERTIFYING CAUSES OF DEATH? YES [ NO YES [ NO [ and Mental Hygie unol-tronsit sho 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 8 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH morked or Item MEDICAL IF EITHER, NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a. I certify that (th (this haspital) attended the deceased from\_ 5 AM sow the deceased alive on, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the State D IMPORTANT: If PHYSICIAN DIRECTOR | PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS NORTON CLAYTON 23a BURIAL, CREMATION, REMOVAL 23C NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE Cremation Baltimore COUNTY July 8,1980 Westwiew Mem. Park Md. 74 FUNERAL DIRECTOR T. AME Hardesty 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 20M AnnapolisoMd. 21401 (VRA 15, 4) 7/78 1980



within 24 haurs after

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

### STATE OF MARYLAND

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REG. NO.					1

	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  CERTIFICATE OF DEATH  REG. NO.						1	3	9	3		
0	(TYPE (	EASED NAME OR PRINT! MICH	PH	Joe	AIDDLE .	CH	erigai	N	20 DATE OF	1/20	5,19	780	EAR	26 HOL	33 M
7	3 SEX	MALE		Whi	HE	S DATE O		180	6. AGE (IN YE	90	YRS.		DAYS	# UNDE HOURS	MIN
2	1	THPLACE ISTATE OR FO	id.	Ch	WHAT COUNTRY?	MARRIE WIDOWE	DIVORC	ED 🗀	AUN	E H	RUNG	del	Cot.	2001	PLAD
2	A	WWAPOLI	3	PUNE	ARUN	cel	GENERALI	9L	120 USUAL ( (TYPE OF WORK					F BUSIN	ESS OR
	13a. S	MD	136 COUN	OTHER INSTITUTION, TY ACO	13c. CITY OR TOW		13d INSIDE CITY LI	7	130 STREET	ADDRESS HE	ends	11	Co	OR	+
9	(	CHARLES	w.	I'lli ANI	CARRE	GAN	SONCA	A DEN NAM	ΛΕ	KAV		TA	265	+	
		/AS DECEASED EVER es, no or unknown) ///		MED FORCES? WAR OR DATES)	166 SOCIAL SECTION	RITY NO.	17 INFORMANT	N,	15)	ADDRES	55				
		18 CAUSE OF DEATH PART I. DEATH W.		CAUSE (0)	PROPOSEOUE	265P1	natory -	FAIL	unf			BE1	WEEN C	MATE INTE	RVAL D DEATH
		Canditians, if any, gave rise ta imm couse (a), stating underlying cause	nediate g the	(b) DUE TO, OF	MALANE	- //	mole	ve-l	ant	\ <u>\</u>	_				
	NOIL	PART 2. OTHER SIGN											-7.		
7	CERTIFICATION	19a DATE OF OPERAT				OPERATIO	N WAS PERFORMED		YES [	NO 🗌		YING CA	AUSES		TH?
	CAL	2)a. ACCIGENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEGICA	AUSE OF DEAT	· P.,	M. MONTH DA	AY YEAR	21c HOW INJURY	OCCURRI	ED (ENTER NAT	TURE OF INJURY	r in item 18, p	ART 1 OR PA	(RT 2)		
		21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOI	RK		EET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET			CITY OR TOWN	N	COUN	TY	5	STATE
		220.1 certify that (I) saw the decease above, (I) (we) (d	d alive on	8=14m	1 505 19 3		nd that in (my) (aur)	apinion d	eath accurre	d on the do	te and hau		ım the o		
		72h SIGNATURE	16	- 10	4	^	DEGREE ATTEN	IDING	MEDICAL	STAF	F	22c.	DATE	SIGNED	

ROBERT G. GRAW

2702 Ruthano RZ; Daviosonuillo, MZ 21835

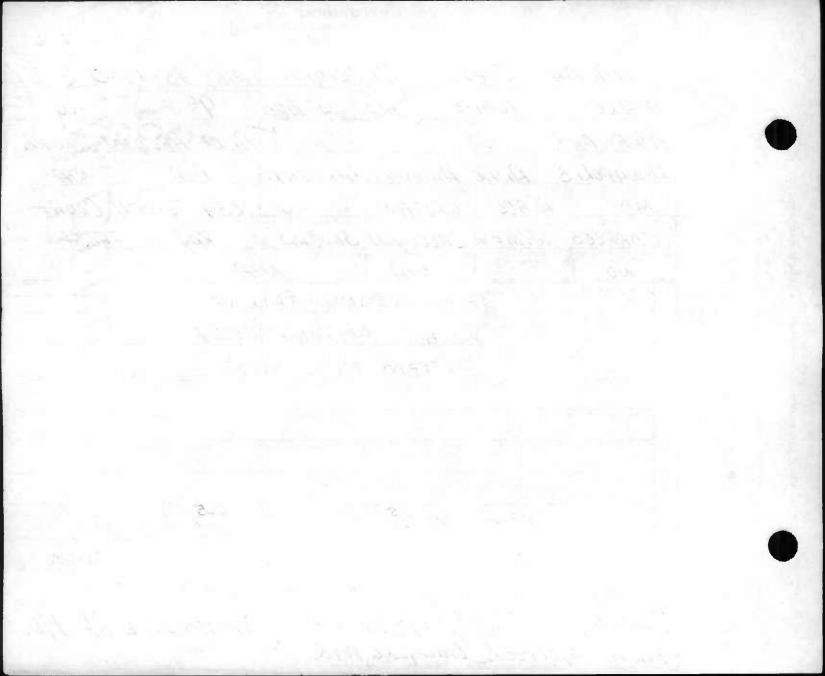
CEMETERY OR CREMATORY

DAULASON

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the the shauld be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remayol.

IMPORTANT: If Item 21 is marked or Item 18 shaws ony injury, or ather troumotic event, the



inding physician and completely filled in by the fillierin corbanpapers. Pages 1 and 2 shauld be filed within 72

attending physician

medical

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q

0	1	9	ä	A
O		J		-
REG NO.	,			

1.	REGISTRAR		CERTI	FICATE OF DEATH	REG NO.	11374
	CEASED NAME OR PRINT)	PIRST C	hapman CL	ARH. Jr.	20 DATE OF DEATH MO	26/80 10 PM
3. SE	MAle	4 RACE	hite April	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS
	RTHPLACE (STATE OR FO	DREIGN 76 CITIZEN C	F WHAT COUNTRY? 8	FD NEVER MARRIED	9 BALTIMORE CITY OR C	
	MARY	LAND G	13 H WIDOW	ED DIVORCED	Anne A	MD
31	Sech LYN !	1., MD, HAM	F HOSPITAL, NURSING HOME SUCH FACILITY, GIVE STREET ADDRESS) MOND'S LANE	NURSING CIA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Livestock	ORKING LIFE) INDUSTRY
13a. S Ma	aryland	136 COUNTY  AA	on, give residence before admission 13c CITY OR TOWN GlenBurnie	13d. INSIDE CITY LIMITS?		Court, Apt. 1c
14 F.A	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA FIRST	MIDDLE	LAST
	Samue1	С.	Clark, Sr.		100056	Sullivan
	vas deceased ever yes, no or unknown) No	IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) None	216-09-3909	Mr. Charle	ADDRESS S M. Clark	Gren parine,
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one couse p 'AS CAUSED BY: IMMEDIATE CAUSE (o)_	per line for (a) Ab), and ice	claral The	oulgis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, gove rise to improve to improve underlying couse	which (b) nediote g the DUE TO.	OR AS A CONSEQUENCE OF	0 -		
NO	PART 2 OTHER SIGN	VIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ION GIVEN IN PART 1(0)
CERTIFICATION	19a DATE OF OPERA	TION 196. CON	IDITION FOR WHICH OPERATIO	ON WAS PERFORMED		Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
EDICAL CER	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2}
MEDI	21d INJURY OCCUR!  WHILE NOT WE AT WORK	HILE (AT HOME,	E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.}	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the decease	(this hospital) arrended ed alive arr did) (did not) view the boo	May 6 19 80	and that in (ma) (our) opinion	death accurred on the date	, 19 , that (I) (we) lost
	22b. SIGNATURE	Mills	w	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED  May 27,80
	22d. PHYSICIAN'S NA	AME (TYPE OR PRHYT)		22e ADDRESS		
23a E	BURIAL, CREMATION,			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	Burial	May	29,80 New C	athedral Ce	m Baltimor	- PM -

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR.

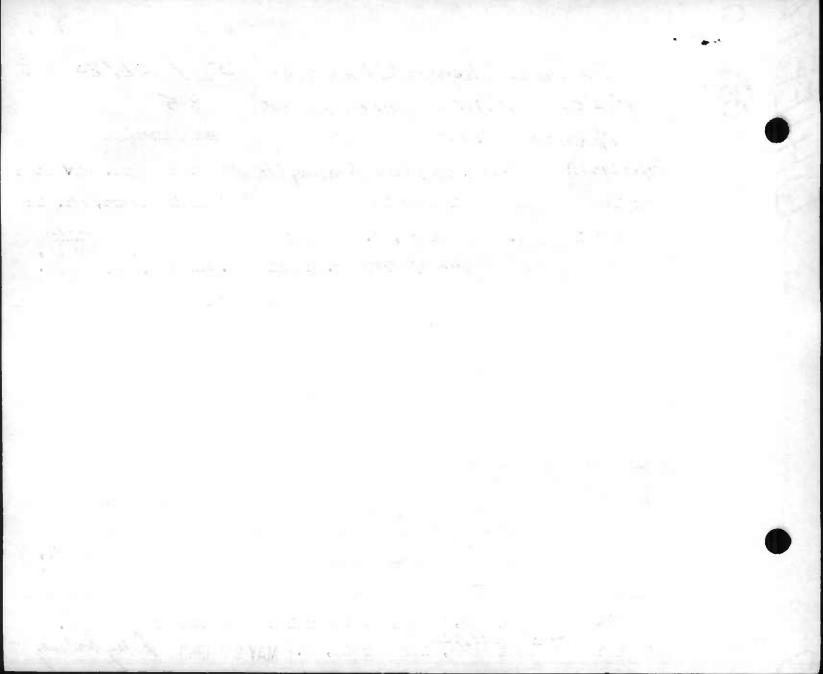
TO HOSPITAL OR ATTENDING PHYSICIAN: The

24 FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, Md.

Cem Baltimore Md.

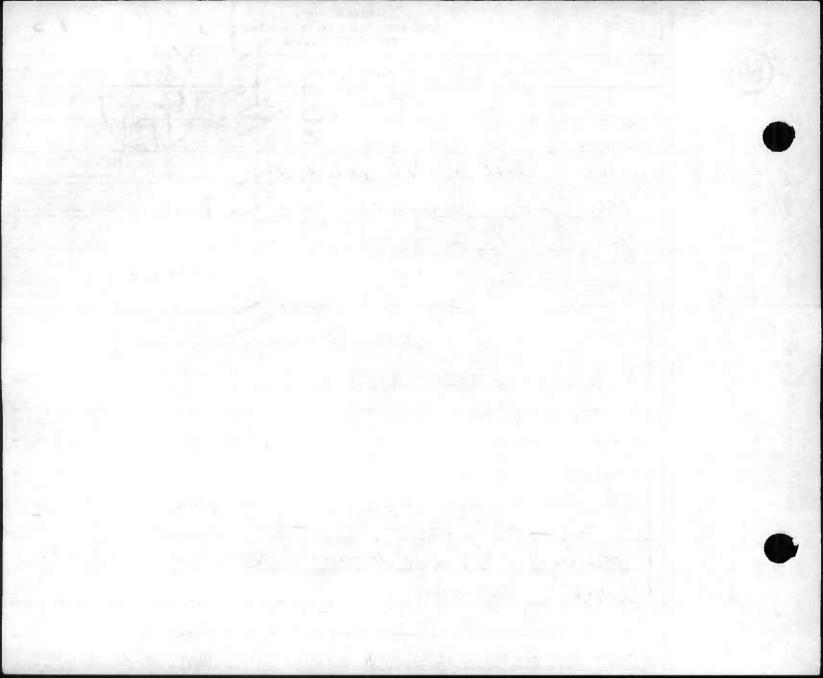
250. DATE REC'D. BY REGISTRAR 25b. RECYTRAR'S SIGNATURE

MAY 9 8 1000 Richard Conduction



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U	deoth.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the hospital or attending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ertificat
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

1 - STAT	TE ISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	0.	3 9 5
1. DECE ASE (TYPE OR PRIN		1A J.	COA	AST AS		5 4 19	80 11.00 A.
3 SEX	F	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT		OAYS HOURS MIN
COUNTRY		76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O		TH
P IO CITY OR ANNA	POLNS	AND ENGLISHED	NURSING HOME OF	WL HOSP	12a USUAL OCCUPATION OF WORK FOR MOST OF MOUSEWIFE	F WORKING LIFE) INDU	IND OF BUSINESS OF
BS 130 STATE	IDENCE (IF NURSING HOME OR OF 136 COUNTY)	OTHER INSTITUTION, GIVE RESIDI TY	NANO/13	138. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS 1383 East	West Shad	ly Side Rd
	arles		arson	15 MOTHER'S MAIDEN NAME Ernestin	ne widole		litt
	ECEASED EVER IN U.S. ARA ORUNKNOWN) (IF YES, GIVE	WAR OR DATES)	-54-8840	Paul E. Coa	ates same as		
gav caus und	erlying cause last.  1.2. OTHER SIGNIFICANT C		DINSEQUENCE OF	NOT RELATED TO THE TERM			
J H	ATE OF OPERATION	196 CONDITION FO	r which operatio		200 AUTOPSY? YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES [	AUSES OF DEATH?
S OR CO	ONTRIBUTING CAUSE OF GEAT THER, NOTIFY MEDICAL EXAMINER)	P.M.  21e. PLACE OF INJUR	19 Y	216 HOW INJURY OCCURR			
220.1	ertify that (I) did not only (I)	5/4/80	ed fram 5/9	of that in (my) (auto opinion of the physician of the phy	, ta	ote and hour and frai	, that (I) (120) la
		WATK1 23b. DATE	23c. NAME OF C	27e. ADDRESS EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
24 FUNERA Har	Burial ALDIRECTOR desty Funeral	5/7/80 1 Home 12 Ri		idge Cemtery 250 DATE Ann. Md. MA	Dorsey EREC'D. BY REGISTRAN Y 6 1980	Md. 25b. REGISTRAR'S SIG	SNATURE



executed

OR ATTENDING PHYSICIAN: The law attending physician.

retained by the haspital TO HOSPITAL

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached far use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 shauld be filed within 72 haurs afti with the State Dept. at Health and Mental Hygiene priar to burial, cremation, ar remaval.

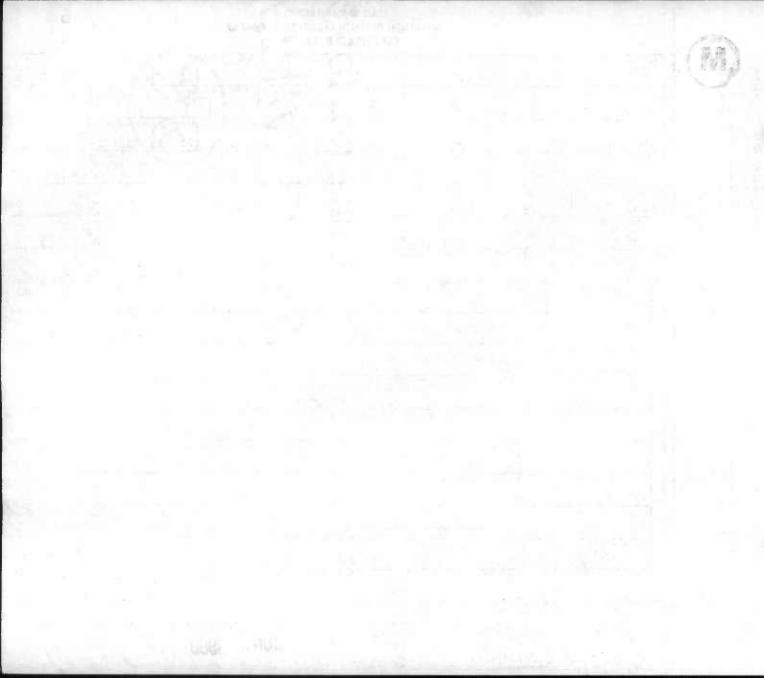
IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, or ather traumatic event, the medical examiner must be neitfied appares.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYRENE

1 -	FOR STATE REGISTRAR			DEPAS		EALTH AND MENTAL HY ICATE OF DEATH	GENE U	REG. NO	).	3		EDT
	CEASED NAME	FIRST	MIE	DDLE	U	AST	20. DATE C	F DEATH A	HTMON	DAY YE	AR :	2b HOUR
		MARY	A		C	CONNOR	M	AY 30,	198	0	1	10:30A M
1 SE	x	4.	RACE		5. DATE O			YEARS LAST BIRTH		IF UNDER I	YEAR	IF UNDER 24 HRS
	FEMALE		WHIT	TE	MONTH 5	DAY YEAR 92		88	YRS	MONTHS	DAYS	HOURS MIN.
	RTHPLACE (STATE O	R FOREIGN 76	CITIZEN OF W	HAT COUNTR	Y2 8	- //-	9 BALTIMO	ORE CITY OF		Y OF DEAT	TH	
NE	OUNTRY) EW YORK	CITY	US	A	WIDOWE	D NEVER MARRIED D	ANN	E ARUN	DEL.	COUNT	Y	MD
10. C	ITY OR TOWN OF D				SING HOME O	R OTHER INSTITUTION	12a USUAL	OCCUPATIO	N	12b KI	ND OF	BUSINESS OR
	GLEN BURN		NORT		DEL HOS	SPITAL		RK FOR MOST OF	WORKING L		ERA	HOUSE
13a S	AL RESIDENCE (IFN	URSING HOME OR O'	Υ 11	3c CITY OR TO		134 INSIDE CITY LIMITS?	13e. STREET	ADDRESS				
WA	ASH. D.C.	us	SA	WASH,	D.C.	YES NO	1435	FOUT	RTH :	ST. S	5. h	1
14 FA	PATRICK	,	DDLE	MC C.	NTY	15 MOTHER'S MAIDEN NO FIRST MARY	AME	WIDDLE		MAY	LAST	N/2-1
16n \	WAS DECEASED EV	-	ED FORCES?	6b SOCIAL SE	* * * *	17 INFORMANT		ADDRES	SS			NEY
	YES, NO OR UNKNOWN)	(IF YES, GIVE W			COMIT 140.	CLARK	!E	20 SE	O KE	YNN	DR	K, MD
	18 CAUSE OF DE	ATH (Enter only	one couse per li	ne for 10 1/b	and Icili	. /				BETY	PROXIM.	ATE INTERVAL
	PART I. DE ATH	IMMEDIATE		2/ 5/	eclin	v 14 te10	L'inst	ohsta	uch	10		1
	41991	WWWEDIATE		AS A CONSEC	LIENICE OF	)						
	Conditions, if a	ny which	OUE TO, OR	DE CE	II CC	1116100	talir	as to	Se. 2	thank	4-1	26
	gove rise to i	mmediate	)		2000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6010		3	70.00	7.4	4
	underlying cou	iting the use last	DUE TO, OR	AS A CONSEC	DUENCE OF	UD AF						
	PART 2 OTHER ST	GNIFICANT	NDITIONS CON	ATRIBITZING T	O DEATH BUT	NOT RELATED TO THE TER/	AAINI AI DISEAS	SE OR COND	ITION GI	VEN IN PAI	DT 1/a	
NO	1	100		41.	2 7	CAPO	MITAL DISEA	JE OK CO140	111014 01	VEI II II I	KI IIO	
MEDICAL CERTIFICATION	19a DATE OF OPER	RATION	19h COMPITI	ON FOR WHI	CH OPERATION	N WAS PERFORMED	20a AUT	OPSY?	20b. IF YE	S, WERE F	INDING	3S USED
FIC	,			0				_	IN CERT	IFYING CA	USES C	OF DEATH?
ERTI	21g. ACCIDENT WAS	INDERIVING D	21b. TIME OF	INTITION		21c HOW INJURY OCCUP	YES [	NO		ES 🗌		NO 🗌
D	OR CONTRIBUTING		1100110 1 11		DAY YEAR	ZIC HOW INJURY OCCU	KKEU (ENIERN	ATURE OF INJURY	IN ITEM 18,	PART I OR PAR	RT 2)	
CA	(IF EITHER, NOTIFY MEI		P.M		19							100
AED	21d INJURY OCCU		21e PLACE OF	F INJURY T, FACTORY, OFFIC	E, FARM, ETC.)	21f. LOCATION STREET		CITY OF TOW?	4	COUNTY	Y	STATE
<	AT WORK AT	WHILE WORK										
	22a.1 certify that	(1) (this hospito			n	- 8 19 00	, to	5-3	0	19 80	, th	ot (I) (we) last
		osed plive on_	view the body of	ter depth	on.	d that in (my) (our) opinion	deoth occurr	ed on the do	te and ho	ur and fron	n the co	uses stated
	226. SIGNATURE	. /	/		[	DEGREE				22c. [	DATE S	IGNED
	104/1	rita.L	Local	en	14		MEDICAL DIRECTOR				Ma	4308
	22d PHYSICIAN'S	NAME (TYPE OR P	RINT)			22e ADDRESS 60	5 BALT	IMORE-	ANNA	POLIS	BOU	JLEVARD
	MUSTAR	A OZ, M	1.D.			SE	VERNA J	PARK.	MARY	LAND 2	2114	16
	BURIAL, CREMATIO	N, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOC	ATION		COUNTY		STATE
(	BURLA	L	6-3-	80	MEADOV	VRIDGE CEN	1. 1001	2SEY		HOWAT		MD
24. F	UNERAL DIRECTOR		- 11 11	ADDRESS	501 R1	TCHIE HWY 250 PA	NES'D. BY	BESTRAR 2	Sh. REGIS	TRAR'S SIC	NATH	
	ROBERT	S. BAR	RANCO	WDD4E22	-	NA PARK NU		300	1	7		Apoline .
_	11000				ULYLN	AL CLIM TIEN					-	

DHMH - 16 50M 1/76 (VR A 15 (4))



tar, page 3 ofter death

may be

requires that the death certificate be executed within 24 haurs offer

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

# STATE OF MARYLAND

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TO S		3	7	1
				-

	FOR STATE	DEFARI	MENT OF HEALTH AND MENT. CERTIFICATE OF DEAT	_	: 10//
	REGISTRAR			REG. NO	
	CEASED NAME FIRST OR PRINT)	1A E.	COOMES	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR 10:10
3. SEX	FEMALE	RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRI	ED LI	R COUNTY OF DEATH
10. CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTE	TO THE OF WORK FOR MOST O	ON 12b. KIND OF BUSINESS C FWORKING LIFE) INDUSTRY. EWIFE 601
USUA 130. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	YES NO	338 130	ENA VISTA &
14. FA	THER'S NAME  FIRST  HARLE	MIDDLE F. HAST	NES ELIZ	ABETHMODIE	ELDRIDGE
16s W	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SEC	URITY NO. 17. INFORMANT	LIAN HA	ISS  IRROTT - A BOU  APPROXIMATE INTERVAL  RETWEEN ONSET AND DEAT
NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO THE CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTING TO THE CONTRIBUTIONS	DEATH BUT NOT RELATED TO T		
CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE
MEDICAL	WHILE NOT WHILE AT WORK	(AI HOME, SIREET, PACTORT, OFFICE	_/	-/ Ma	N 80
MEDI	WHILE NOT WHILE AT WORK 220.1 certify that (I) (Was hospital)	ital) attended the deceased from	, and that in (my) ( <del>our)</del>	opinion death accurred an the d	ate and hour and from the causes stated
MEDIC	WHILE NOT WHILE AT WORK 220.1 certify that (I) (Was hospital)	intal) attended the deceased from	DEGREE ATTEN		ote and hour and from the causes stated
MEDIC	WHILE ATWORK ATW	of view the body after death 19.	, and that in (my) (ever)  DEGREE  ATTEN	IDING MEDICAL STA	ote and hour and from the causes stated  22c. DATE SIGNED  5-5-80

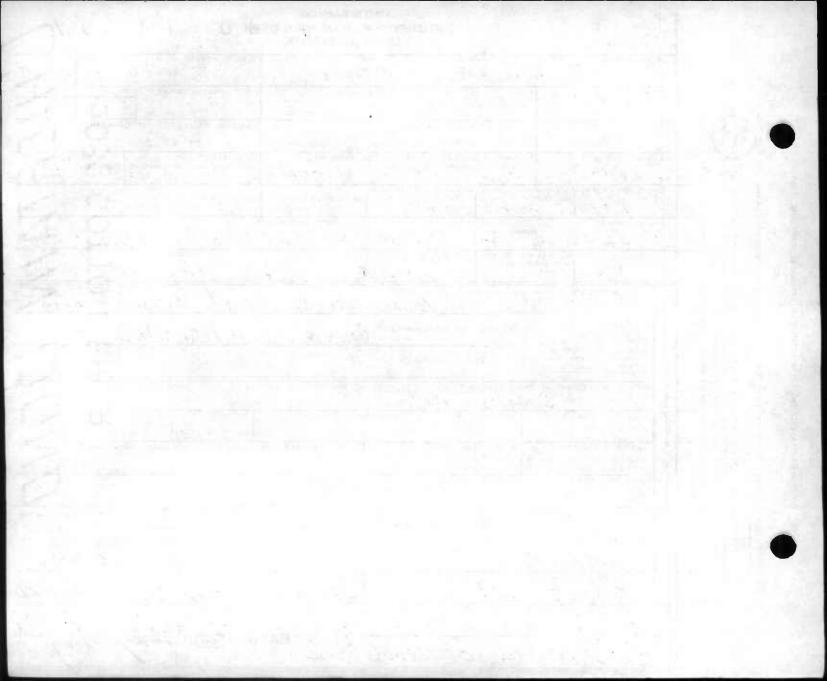
ADDRESS.4

DHMH - 16 25M

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

(VR A 15 (4) ) 9/74



# OR ATTENDING PHYSICIAN, The low

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physican and completely filled in by the funeral director, should be denuched for use as the basial-trainst permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to buriof, cremation, or removal.

mjury, or other troumotic event, the medical

IMPORTANT If them 21 is marked or them 18 shows any

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
I DECEASED NAME (THE OF FRINT)  AFCEN	S LOOPER	25 30/80 DAY YEAR 25 HOUR 35 AM
F RACE W	Hite DATE OF BIRTH NOAT 1888	6 AGE IN YEAR WAS BRITIDAY) IF LINDER I VEAR IF UNDER SEALING
7a BIRTHPLASS STATE OFFICIENCY TA CITIZEN OF U	MARRIED NEVER MARRIED NOTED	BALTIMORE CITY OR COUNTY OF DEATH  HUNE HEUNDEL MD.
ANNADOLIS PAR	HOSPITAL, NURSINGHOME OR OTHER INSTITUTION	TOUSEWITE TOME
USUAL RESIDENCE IN HURSING HOW COUNTY ASSIBLITOR 13th COUNTY	HISTORY OF THE POLICE YES NO	59 134 STADON CASTER CT
MEATHER'S NAME	UYDER IS MOTHER MAJDEN	NAME MIDDER BIELL
16E WAS DECEASED EVER IN U.S. ARMED FORCES!	1954 9488 J. MAPGARY	t Cooper # 13
Conditions, if any, which gave rise to immediate cause io. stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS C	PLAS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CONDITION GIVEN IN PART I/o:
196. DATE OF OPERATION 198. COND	ITION FOR WHICH OPERATION WAS PERFORMED	101. AUTOPSY? 101. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES   NOW YES   NO
DECONTRIBUTING   CAUSE OF DEATH   HOUR A	OF INJURY  M. MONTH DAY YEAR  M. 19	CURRED (SHIRE NATURE OF POURS IN ITEM ) E. PART ( OR PART 2)
	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
22.1 certify that (I) (this haspital) attended it saw the decreased alive on opposite the body 22.5 SAPPATURE  23.4 PHYSICIAN S NAME Three or saw!		nion douth occurred on the date and hour and from the courses stated  IN DIRECTOR PHYSICIAN NO. 121. DATE SIGNED  NO. 19 19 172. DATE SIGNED  NO. 19 19 19 19 19 19 19 19 19 19 19 19 19
33th BURIAL CREMITION, REMOVAL 231/DATE	80 PAKHURS T	DATE REC D. BY REGISTRARIZS REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

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retained by the hospital or attending physical

TO HOSPITAL

HERE THE FREE Y STEWERSKE 1133 A MICENTER Up The second transplant Compared 13 A PARTICIPATION OF THE PROPERTY OF THE PROPERTY OF THE PARTICIPATION OF THE THIRD AND LINE WAS CONTRACTED IN THE STATE OF THE STA

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must be notified at once.	1 200
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

	1-	FOR STATE		DEPARTN	ENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG LCATE OF DEATH	(g)rE ()		3 9	9
	1. DEC	REGISTRAR CEASED NAME FIRST OR PRINT)	homas	KIDDLE .	- L	artney	REG. No. 2a. DATE OF DEATH		YEAR / 80	26. HOUR 8:10 a M
	3. SEX	Male	4 RACE Caucasi	an	5. DATE C		6 AGE (IN YEARS LAST BIRT	YRS.	UNDER 1 YEAR	
8	CC	RTHPLACE (STATE OR FOREIGN FLOREIGN FLOREIGN	U.S.	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY O Pasadena	A.A.(o.	FDEATH	MD.
0		ry or town of DEATH  Pasadena	716 214	H FACILITY, GIVE STREET A	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Sales Manag	F WORKING LIFE)	INDUSTRY	of Business or Sow Mach
5	13a. S Ma:	AL RESIDENCE (IF NURSING HOME OF ATTATE 13b. COU	ROTHER INSTITUTION, NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Pasaden	4	YES NO 🔀	13e STREET ADDRESS 716 214th	St.		
22		Robert	MIDDLE	(ourtney		15. MOTHER'S MAIDEN NAV FIRST Alberte	AIDDLE		McDow	ell
	16a. W	VAS DECEASED EVER IN U.S. AF (15, NO OR UNKNOWN) (15 / ES, GIV (16 / ES)	E WAR OR DATES)	262-38-5		17. INFORMANT Mrs. Anne D. Col	urtney, Same			
	NOIT	Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT Hypertensive 8	DUE TO, OI  DUE TO, OI  DUE TO, OI  CONDITIONS CO	ail Trope with a second control of the control of t	car NCE OF DEATH BUT CARD	diomyopathy  NOT RELATED TO THE TERM  ovascular dis	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	3
7	MEDICAL CERTIFICATION				n for which operation was performed		20a. AUTOPSY? YES NO NO	YES [	NG CAUSES	NGS USED S OF DEATH?
		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a.   certify that (  ) (this hasp	HOUR A. P.: 21e. PLACE (AT HOME, STR	M. MONTH DA  M.  DF INJURY  EET, FACTORY, OFFICE, FI  e deceosed from	19 ARM, ETC.)	21t. HOW INJURY OCCURS 21t LOCATION STREET . 19.80	city or tov	vn 5, 19	COUNTY	state: thok (() (we) lost
	oK 7	sow the deceosed olive or obove (D) we) (did) (did ni 22b, SIGNATURE )  22d. PHYSICIAN'S NAME (TYPE) Charles S. Ang	or PRINT)	D. per G		DEGREE ATTENDING	MEDICAL STAI DIRECTOR PHYSIC	FF CIAN []	222. DATE 5/2 21201	
	(\$	SURIAL CREMATION REMOVAI SPECIFY Burial UNERAL DIRECTOR (Why Funeral	May 6 Home,	1980 (1)	en Ho	EMETERY OR CREMATORY  Park  150. DATI  NAY	23d. LOCATION CITY OR TOWN FOR BUT E REC'D. BY REGISTRAR	nie. A.	A.Co.l R'S SIGNAT	Marylad TURE

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Brev. Street			
Special case and property			

# deoth certificate be OR ATTENDING PHYSICIAN: The low

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral dirett should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 harms.

should be detoched for use os the burial-transit permit. Then please remove cork with the State Dept. of Health and Mental Hygiene priar to burial, crematian, or

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

	CERTIFICATE OF DEATH	SIE B.	O REG.	NO.	1 4	4 0	0	
A.	Cristiano	2a. DA	TE OF DEATH	MONTH	DAY	YEAR SO	2b HO	JR OF
	5. DATE OF BIRTH	6. AGE	(IN YEARS LAST B	IRTHDAY)	IF UND	ER 1 YEAR	IF UNDE	R 24 HR
T	MONTH DAY YEAR	i .	16		MONTHS	DAYS	HOURS	MIN

-		FOR STATE REGISTRAR			DEPARTA	MENT OF HE	ALTH AND MENT	rh	O REG.		4 (	0 (
VA.	1. DEC	CEASED NAME OR PRINT)	Mab	el	A	Cri	stian	0	DATE OF DEATH	5	DAY YEAR	26 HOUR 530 PM
	3. SE	T.	712	WH1	TE	5. DATE OF		YEAR 13	GE (IN YEARS LAST	YRS.	IF UNDER 1 YEAR	HOURS MIN
58	C	OUNTRY) MK	155.	USI	VHAT COUNTRY?	WIDOWED		ED K	INNE	ARU	DEC	MD
dorified	A	WWAPO2	15	A.H.	FACILITY, GIVE STREET	HOS	P.	ION 120	OF WORK FOR ME	STOF WORKING L	P. INDUSTRY	
od stage	13a. S	101.	NURSING HOME OR O		GIVE RESIDENCE BEFORE	0215	YES NO		STREET ADDRES	TRE	EN	ST.
WW. 21		FIRST PART	:GE **	DDLE G	REEN			1 KNE	w Noble		LA	ST
e medico		YES, NO OR UNKNOWN			166 SOCIAL SECU	IRITY NO.	JANET C	RISTI	900	H 1	3	
ner troumotic event, th		/83 C Conditions, if gove rise to cause 101, s	H WAS CAUSED  IMMEDIATE  ony, which immediate tating the	BY	AS A CONSEQUE	Che che	SPLA	MA	noli	9 NAM		IMATÉ INTERVAL ONSET AND DEATH
ıjury, or of	NO	PART 2. OTHER		DNDITIONS CC	ONTRIBUTING TO	DEATH BUT N	NOT RELATED TO 1	THE TERMINAL	DISEASE OR CO	ONDITION GI	VEN IN PART 1	01
i kuo 2	CERTIFICATION	19a DATE OF OP	ERATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFORME		ES NO	IN CERT	S, WERE FINDI FYING CAUSES ES	
or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 21d. INJURY OCC	CAUSE OF DEATH	P.A 21e. PLACE (	M. MONTH D. M. DF INJURY	19	21c. HOW INJURY 21f. LOCATION STREET	OCCURRED	ENTER NATURE OF II		PART 1 OR PART 2)	STATE
21 is morked	W	220.1 certify the	(I) This hospital	ol) oftended the		5	111	opinion deoth	to5	111	1900	that (I) (ive) lost
NT. If Item		22b. SIG	w (	Va	mu.	n,	PHYS	NDING ME	EDICAL S	TAFF SICIAN 🗌	22c. DATE	PILL PC
MPORTANI		000	RAGE	(),	SAM	ARAS	22e. ADDRESS	16	Fore	78	Duic	H.

22n L cartify that (I) (his hospital)	attended the deceased from	100 100	5/11	1000 11
AT WORK AT YORK		111	-111	12
21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19			

AT WORK AT YORK	4 1.1.1		18)
220.1 certify that (1) this hospital) a	ottepded the deceased from	19 00 , to 5/11	19 that (I) we) lost
saw the deceased alive on	5 (4 19 +C), and that ig	(my) Dur) opinion death occurred on the date and hou	r and from the couses stated
above (I) we) (did) (did not) vie	w the bady after death.		
22b. SIGNATURE	DEGREE		22c. DATE SIGNED

	/ fees 1	XC	moun	U '	PHYSICIAN	DIRECTOR	PHYSICIAN		3	1111	(
	224 THEIRN'S MAME CIVIL DEPENT	10		22e.	ADDRESS	-		0	1	10	
	HORDE	Ci	SAMATRA	1	16/16	7	MST	H	11	2	
D	DESCRIPTION OF A PROPERTY AND THE	DATE	23, NAME OF C	EAAET	DY OR CREMATORY	123d LOC	ATION				=

23a. BURIAL, CREMATION, ST. BP.

5-14-1980 HILLCREST MEM

Usin Dartown

250. Date REC'D. By REGISTRAR 250-BEGIST

AY 1 5 1980

25h PEGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

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Notice of the contract of the TO A TO SAME A SECOND OF THE PARTY OF THE PA THE ASSESSMENT AND THE SHOPE THE PARTY OF TH Complete the transfer of the contract of the c

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4 may be

that the death certificate be executed within 24 hours after death. Page

been ugned by the ottending physicion and completely filled in the the funeral distant. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 had presented cremation, or removal.

injury, or other troumotic event, the medical examin

IMPORTANT If them 21 is marked or them 18 shows any 10 FUNERAL DIRECTOR, After this certificate has been should be despited for use as the businf training permit with the State Dept. of Health and Mental Hygiene prise.

## STATE OF MARYLAND

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	7		

ATION OR TOWN

COUNTY

٠	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENS  CERTIFICATE OF DEATH  REG. NO.	401
(	DECEASED NAME FIRST TYPE OR BRITALLY	ACE IS DATE OF BIRTH  20 DATE OF DEATH MONTH DAY  20 DATE OF DEATH MONTH DAY  ACE (IN YEARS LAST BIRTHDAY)  1 F UP	YEAR 26 HOUR  980 735 M  OBER 1 YEAR 1F UNOR 24 HRS
3.	male.	Cruc, Hub. 8, 1930 49 YRS.	HS DAYS HOURS MIN
70	I. BIRTHPLACE STATE OR FOREIGN 76 COUNTRY	MARRIED NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OF WIDOWED DIVORCED	de MD.
	EdgeWATER 1	(IF NOT IN SUCH FAGRITY, GIVE STREET ADDRESS)	NAVAL HOAD
	JSUAL RESIDENCE (IF NURSING HOME OR OTH)	RINSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13d INSIDE CITY LIMITS?  13e. STREET AD PRESS  134 SOUTH DOLL	IN RD
14	Michael (NA	IN) CZOKA JULIA (NHIN) Ba	Int
10	60. WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (18 YES, GIVE WAS		# 13
	18. CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED BY IMMEDIATE C	Las aventages tailmas	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF ADENOCARCINOMINE OF SMALL	pouce/ 2/79
	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF RECEIVENT Reginal Enteritis	1952
		DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N PART 1(0)
1	196 DATE OF OPERATION  21st, ACCIDENT WAS UNDERLYING		ERE FINDINGS USED G CAUSES OF DEATH? NO
	DECONTENUTAGO 1 D CAUSE OF BEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	OR PART 2)
	MHEE ORIENTAL MEDICAL EXAMINERS  AT WORK AT WO	(Al nome, Sireel, PACIONT, OFFICE, PARM, ETC.)	COUNTY STATE
	22s.1 certify that (I) (this hospital) saw the deceased glive on parove. (I) (we) (did (did not) **)	whe body offer death	
	SIGNATURE +	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DEDICAL STAFF PHYSICIAN DEDICAL STAFF	31/ long 8/

ned by the hospital or att

TO HOSPITAL

ATTENDING PHYSICIAN The lo

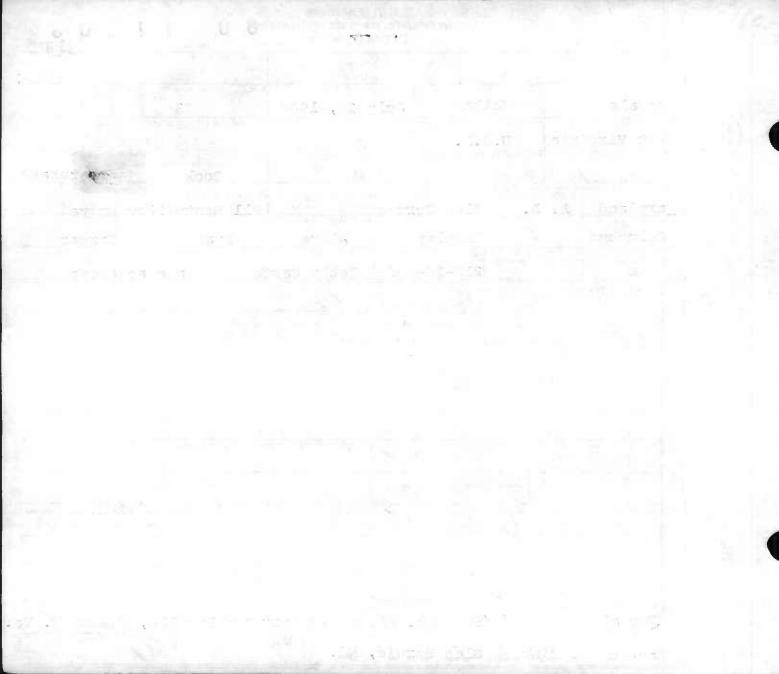
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	Service Annual				
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20 200			4355	Treasure I	Attended L.
E 1 13	LOZOKA	4	Series Co		

	1 -	FOR STATE REGISTRAR	D	STATE OF MAR EPARTMENT OF HEALTH AI CERTIFICATE O	ND MENTAL HYGIE OF DEATH	REG. NO.	1 4 0	2 D.S.T.
-		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	2	B DATE OF DEATH MON		26. HOUR A
NO.		CLAREN		DAVIS		MAY 25		1:20 M
23	3 SE	Male	White	S. DATE OF BIRTH	1895	AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
figd at a		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COL	MARRIED NEV	VER MARRIED DIVORCED	ANNE ARUNDI		MD
the nod		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, G	NURSING HOME OR OTHER NE STREET ADDRESS)	INSTITUTION	20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO  MUNEY LAS S	ORKING LIFE) INDUSTRY	Carage
Jer mu	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENTY	OR TOWN 134. INSIE		3e STREET ADDRESS	there is	Sug
lical exami	14. FA	THER'S NAME FIRST		0.037100	HER'S MAIDEN NAME	WIDDLE	Clo K	nown_
, the med	lás V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCI	AL SECURITY NO. 17 INFO		Ward - Ke	3. sodero.	mburg 5
vs any injury, or othe	ATION	Canditions, if any, which gave rise to immediate cause ion, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  Seven  19a DATE OF OPERATION	Cachevia,	the Heart of	ATED TO THE TERMIN	- Emphysicas	D. IF YES, WERE FIND	INGS USED
Item 18 shows	CERTIFICATION	21a, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE			W INJURY OCCURRE	YES NO DE NOTIFE OF INJURY IN	YES TEM 18, PART I OR PART 2)	NO []
narked or Ite	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE  ATWORK  ATWORK			ATION	CITY OR TOWN	COUNTY	STATE
em 21 is n		228.1 certify that (I) (this-hosp saw the deceased alive a abave, (I) (wa) (did) (did)	772 /	19.80 and that in	(my) ( <del>au</del> r) apinian de	ta5/2 ath accurred an the date		
PORTANT: If Ite		226. SIGNATURE Shak Bh	asi	DEGREE		MEDICAL STAFF DIRECTOR   PHYSICIAN	_ 5	126/80
IMPORTANT		HARI K. BHAS		22e ADI	1404 G	RAIN HIGHWAY		ITE 300
IMPO	23s.	SURIAL, CREMATION, REMOVA	5-28-80	Cedar Hi	11 Cen.	23d. LOCATION  CITY OF TOWN  Dalto	A.A.	STATE MI)
5 25M 1) 1/79	24 F	UNERAL DIRECTOR	parranca .w	Sexma Park	150 DATE MA	REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNA	ATURE

GLES PERME BY VIOLENCE LINES TO THE COLUMN BY SELECT AND THE COLUMN BY 

	Ľ	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	1 1 4 0 3 DST
		CEASED NAME FIRST EOR PRINT)	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
		DESS		DAVIS		980 9:50
1	3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER I YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
1		Female	White	July 26, 1906	7:	3 <sub>YRS.</sub>
	7e. B W	IRTHPLACE (STATE OR FOREIGN OUNTRY) est Virginia	75. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DOORCED		RCOUNTY OF DEATH undel County, A
-	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		12a USUAL OCCUPATE	
14		Glen Burnie	North Arundel		Cook	PResturan
35	130.	AL RESIDENCE IF NURSING HOME OF STATE 136 COUP  aryland A.  ATHER'S NAME	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY ISC CITY OR TOW Glen Bu	N 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 811 Benty	willow Drive
3/ 75		Columbus	Knicley		MIDDLE	TTD TOPO O TO
pr. C.	_	WAS DECEASED EVER IN U.S. AR			Ryan	Harper
the me	t	YES, NO OR UNKNOWN) (IF YES, GIVE	235-20-	9056 Betty Cas	t-0 C-	ame as above
7		1 4 3 9				
	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	of Colon 5	<i>V</i>	DITION GIVEN IN PART 1(a)
	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	A Colon 5	INAL DISEASE OR CONE	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E  196 CONDITION FOR WHICH  216 TIME OF INJURY HOUR A.M. MONTH DA	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONE  200 AUTOPSY?  YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \) NO \( \text{NO} \)
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		gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (I) (this hosping with the deceased alive an above, (I) (we) (did) (did in above, (I) (we) (did) (did ind)	DUE TO, OR AS A CONSEQUE  (c)  INDUSTRIBUTING TO E  196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.  tal) attended the deceased from 19  (b) view the Body after death.	DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  21c HOW INJURY OCCURE  19 211 LOCATION  STREET  DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS 300	INAL DISEASE OR CONE  200 AUTOPSY?  YES NO  CITY OR TOW  CITY OR TOW  MEDICAL STAF  DIRECTOR PHYSIC  HOSPITAL DT:	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO TO THE NOTION OF THE NO



		REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.	
		CEASED NAME FIRST Agnes	s Helen	DAVISON	20	DATE OF DEATH MONTH	16,198 D
N	3. SE	x female	white	Sept. 1		GE (IN YEARS LAST BIRTHDAY)  88	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS
7	7a 8	RTHPLACE (STATE OR FOREIGN OUNTEY) Jersey	76 CITIZEN OF WHAT COUNTR USA	MARRIED LI NEVE	R MARRIED . 9. B	Anne Aru	UNTY OF DEATH
100		ITY OR TOWN OF DEATH Severn	11. NAME OF HOSPITAL, NUR	TOPRES CITCLE	STITUTION 120	USUAL OCCUPATION	INDOMEN ho
P Sust be	USU 13a.	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEA		CITY LIMITS? 13e.	s7928°Barnl	hill Circle
20 Cominer	14. F	William	MIDDLE Hutch:		r's MAIDEN NAME Mary	WIOOFE	Bul'Tock
medicol	16a \	MAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV				ADDRESS S	same as 13 (daughter)
r froumatio	3	Conditions, if ony, which	DUE TO, OR AS A CONSEC	LINCE OF	ula a	cident.	
or othe		gove rise to immediate couse (a), stating the underlying couse last.	(c)	woselew		ovaseula d	
ony injury, or	IFICATION	couse 10%, stating the underlying couse lost.	DUE TO, OR AS A CONSECUTION OF CONDITIONS CONTRIBUTING TO	ODEATH BUT NOT RELAT	ORMED 2	DISEASE OR CONDITION  200. I	N GIVEN IN PART 1(0)  IF YES, WERE FINDINGS USI ERTIFYING CAUSES OF DEA
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH dina ON GIVEN IN PART 1(0) b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES | NO [ ITEM 18, PART 1 OR PART 2) COUNTY STATE that (1) (we) lost and hour and from the causes stated 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 606 Hammends Can SEENI WASAN 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION (SPECBuria) CITY OR TOWN STATE COUNTY 19 May 80 Lorraine Park Cem. Baltimore MD 250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat
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4	CH ATTENDING PHYSICIAN
	5.

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 25M (VRA 15, 4) 1/79

with the State Uept. Of treating one manner of the medical MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

STATE OF MARYLAND

	FOR STATE REGISTRAR		DEPARTA		ICATE OF D		IENG O REG. NO.	14	0 5 DST
	1 DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE		IAST		2e DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
		RGE	N.	D	ELL		May 3, 1980		3:48 M
	3 SEX	4 RACE		5 DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
	MALE	W.	HITE	12	02	1890	89 YR	MONTHS DAYS	HOURS MIN
1	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	75. CITIZEN OF	WHAT COUNTRY?	8	D NEVER M	APPIED [	BALTIMORE CITY OR COU	NTY OF DEATH	
5	MARYLAND	SELVEN	U.S.A.	WIDOWI		ORCED	Anne Arundel	County,	MD
	ID CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INST	TUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND (	OF BUSINESS OR
A	Glen Burnie		Arunde1		tal		TAILOR	CLOT	
20	USUAL RESIDENCE (IF NURSING HOME 130 STATE 130 CO		, GIVE RESIDENCE BEFORE		£13d. INSIDE CI	COTIANII VI	13e. STREET ADDRESS		
Ł		A.A.	GLEN BUE			NO X	10 FERDINAND	AVENUE	21061
	14 FATHER'S NAME				15 MOTHER'S		ME		
	JOHN	E.	DELL			SARAH	WIDDLE	WOOI	
	160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMAL		ADDRESS		
Į	NO (YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	215-01-6	5166	HELEN I	DELL 10	FERDINAND AVE	, GLEN I	BURNIE, MI
1	18 CAUSE OF DEATH (Enter	anly ane cause per				1	1:0		CIMATE INTERVAL
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b)	OR AS A CONSEQUE	Alex	tene	A-	V flack		
	PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  310 ACCIDENT WAS UNDERLYING		ONTRIBUTING TO S					YES, WERE FINDI	INGS USED
2	5/3/80	T 216 HIME C	nperari	CE		March	YES NO IN CE	RTIFYING CAUSES	NO [
1		DEATH HOUR A.	M. MONTH DA	YEAR	N	A.	CED (ENTER NATURE OF INJURY IN ITEM	18, PART ( OR PART 2)	
	OR CONTRIBUTING CAUSE OF FIFTHER, NOTIFY MEDICAL EXAMIN  214. INJURY OCCURRED  WHILE AT WORK  AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATIO STREET	N	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this has saw the deceased alive above (1) (we) and (did	an	C/Z 195	10 5	nd that in (my) (	our) apinion	death occurred on the date and	hour and from the	, that (I) (we) lost e causes stated
	22h. SIGNATURE	Twe	man	h.	DEGREE	TTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	-	3/8D
	224 PHYSICIAN'S NAME (TYP	E OR PRINT)	7		220 ADDRESS	325 H	ospital Drive,	#108	
	BENJAMIN de	GUZMAN,	MD				Burnie, Marylar		
	23a BURIAL, CREMATION, REMOV	AL 236. DATE	23c. h	NAME OF C	EMETERY OR C	REMATORY	234. LOCATION CITY OR TOWN	COUNTY	STATE

LOUDON PARK 21229 BALTIMORE MARYLAND BURIAL 05-07-80 CITY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAY 5 1980 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

	25 1990 1	*	LYTHW.	
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THE COURT			10 E 75 E	C147 1
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	BUF, a YAM	e mound eis menganderes	05-07-30 1342 mility, 62 34, 5	a rada.

# FOR

TYPE OR PRINT

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	d com	Bood

- STATE REGISTRAR DECEASED NAME

CERTIFICATE OF DEATH

March 27, 1918

	REG. NO.				
	20. DATE OF DEATH MONTH	DAY p/98	YEAR	2b. HOU	JR 50
1	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR
	62 yrs.	MONTHS	DAYS	HOURS	MIN
Į	9. BALTIMORE CITY OR COUNT	Y OF DE	ATH		

iol, 0 prior Mental Hygie 18 0 ğ old be deto the State MPORTANT

CERTIFICATION

MEDICAL

3. SEX Male To. BIRTHPLACE (STATE OR FOREIGN COUNTRY

Co. . Md.

Rober

Caucasian 76. CITIZEN OF WHAT COUNTRY? USA

MARRIED NEVER MARRIED WIDOWED

Hospital

LAST

DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Anne Arundel 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Engineer

12b. KIND OF BUSINESS OR Retired

Annapolis d.

Carter

4. FATHER'S NAME

10. CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130. COUNTY 130. CITY OR TOWN Gambrills Dick

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

General

NO A 15. MOTHER'S MAIDEN NAME Nannie

13d. INSIDE CITY LIMITS?

MHDDLE

ADDRESS

13. SIREEL ADDRESS

Cockrill

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

16b SOCIAL SECURITY NO 217-07-490

17. INFORMANT

Mrs. Janet Dick. wife. same as

Tabor Road

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Canditians, if any, which gave rise to immediate couse (o), stoting the underlying cause lost.

DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

Minul

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160

19a	DAT	OF	OPE	RATI	ON
210.	ACC	IDENT	WAS	UNDE	RLYING
OR	CONT	RIBUTI	NG [	CA	USE OF
(IF	EITHER	NOT	IFY ME	DICAL	EXAMI
214	INITI	IDV C	200	IDDE	D

21b. TIME OF INJURY DEATH

21e. PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T

WHILE NOT WHILE AT WORK 220.1 certify that (1) (this-hospital) attended the deceased fram sow the deceased alive on Alive the body after death.

MIDDLE

21f. LOCATION

CITY OF TOWN COUNTY STATE

22b. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

and that in (my) (que) apinian death occurred on the date and hour and fram the causes stated

20e AUTOPSY?

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

SEVERINA

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

DIRECTOR:

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Trinity Chape

23d. LOCATION eiffers

Corner. How.

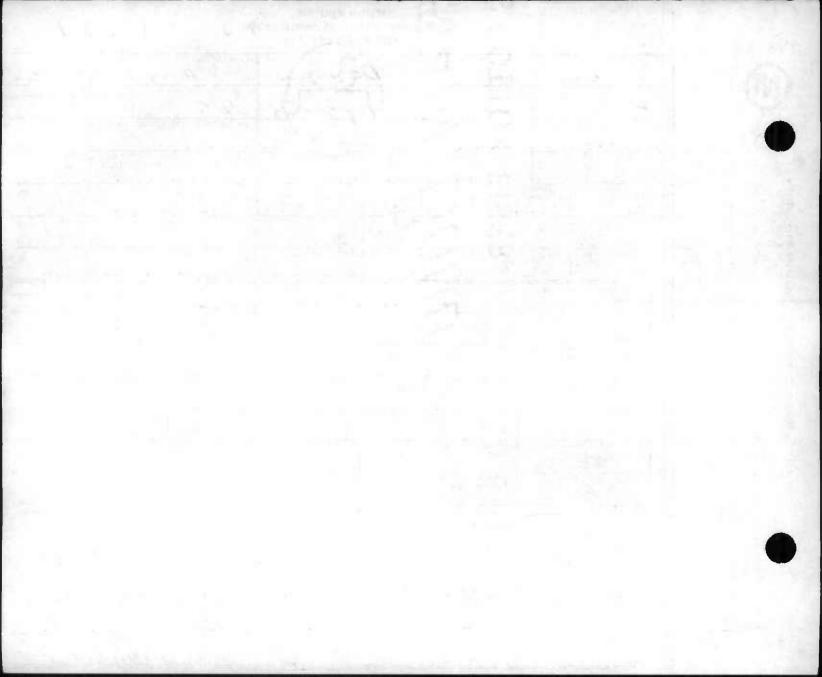
24. FUNERAL DIRECTOR S. Kirkley. Glen Burnie. Md. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MAY 6

	Page
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page retained by the hospital or attending physician.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or attending physicion.
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	FOR 1 - STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	KINE ()	1 4	0 7	
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	Ö	OBROW	20 DATE OF DEATH	NONTH DAY	9 50 6 '	) 
	3 SEX	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDE	DAYS HOURS	_
6. Pece	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Groton Conn.	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED XXX			ATH	
Potified 7	10 CITY OR TOWN OF DEATH Annapolis	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S Anne Arundle	Gen. Ho		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Real Estate	WORKING LIFE) IND	KIND OF BUSIN SUSTRY	٧E
ed state		UNTY 13c CITY OR		YES NOXX	13e STREET ADDRESS 487 Rivery	iew Dr.		
021	John Dobrow	MIDDLE LAST		Pauline	MIDDLE		zenski	
medico		GIVE WAR OR DATES)	0-3461	Ronald Kiely	15 Hemlock		on Conn	1.
s any injury, ar of	PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	17 CONDITIONS CONTRIBUTING			INAL DISEASE OR CONE	20b. IF YES, WERE	FINDINGS USE	
Shows	2 a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21¢ HOW INJURY OCCUR	YES NAME OF INJUR	YES 🗌	NO	
ced or frem 18	OR CONTRIBUTING CAUSE OF CIFE EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED  WHILE NOT WHILE ATWORK ATWORK ATWORK		19	21f LOCATION STREET	CITY OR TOW			ST
em 21 is man	22a. I certify that (I) (this has sow the deceased alive	on The body ofter death.	.19, or	nd that in (my)++++r) apinion of	, to $5/\nu/8$ deoth occurred on the do	te and hour and fi	, that (1) rom the couses s	sta
MPORTANT: # #	276. PHYSICIAN'S NAME (TYP	0 /	4,-	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	F JAN	5/48=	>
IMPO	STANUE 7	AL 23b DATE		#121 Cathed	Iral St. Ann	apolis M	d. 2140	1
	Burial	5/3/ <b>8</b> 0		ont Cem.	Davidson		A. Md	STAT
6	24 FUNERAL DIRECTOR	ADDRES	SS	MA'	FREC'D, BY REGISTRAR	0.	kon n	

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the furnical disspould be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 his with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or ather traumatic event, the medical

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE CEPTIFICATE OF DEATH

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ı		REGISTRAR		CERTIF	ICATE OF DEA	ın	REG. NO	Ο.		
I		OR PRINT)	avid MDDLE Howard	Do	Na)dson	J	20. DATE OF DEATH	MONTH D	b 80	11- Pmu
	3. SEX	Male	White	June		896	6 AGE (IN YEARS LAST BIRT	_	IF UNDER 1 YEAR	HOURS MIN.
	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)  aryland	76 CITIZEN OF WHAT COUN USA	TRY? 8 MARRIE WIDOWE	DEVER MARK	RIED	Anne A			MD.
	G.	ty or town of death  len Burnie	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES NANC	STREET ADDRESS)	DR OTHER INSTITUT	ION	TYPE OF WORK FOR MOST OF FOREMAN		INDUSTRY_	F BUSINESS OR Road
	130. S Ma	ryland A	VTY 13c. CITY OR					rter	Field	Rd.
2	14. FA	THER'S NAME PIRST  David	Dona 1		15. MOTHER'S MA	IDEN NAM	UNKNOWN		LAS	1
		(AS DECEASED EVER IN U.S. AR (IF YES, GIVE YES)	E WAR OR DATEST	SECURITY NO. 34.6203	Mr. Al	fred	Donaldso		on) Se	vern yland
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	FOUENCE OF	ysene	Jus	<del>P</del>	4	BETWEEN	MATE INTERVAL DNSET AND DEATH
1	CERTIFICATION	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING				200 AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (# EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH	19	21¢ HOW INJURY 21f LOCATION STREET	OCCURR	ED (ENTER NATURE OF INJUR		COUNTY	STATE
		22a.1 certify that (1) (this haspi saw the deceased alive on above 1) and (deceased alive on 22b. SIONAL deceased	Levely after death	19, ar	DEGREE ATTEN PHYS	Opinian d	eath accurred on the do	F	ond from the	
		22d. PHYSICIAN'S NAME (TYPE O	COZ M	n			- Annapo	L's B.	lud.	
	(5	URIAL, CREMATION, REMOVAL Burial			emetery or crem laven Ce	mete	12	Burni	county Le AA	STATE Md
		ngleton fune	ral Home, Gle	en Burr	nie, Md.	MA DATE	P 1980	No.	my free	ready

DHMH - 16 50M 1/76 (VR A 15 (4))

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND M CERTIFICATE OF DE

DAY

MARRIED | NEVER MARRIED |

HOSPITAL

17 INFORMANT

134 INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

FIRST

Suganna

1901

ENTAL HYGIENE	0	- 1	
ATH		REG. NO.	

6. AGE (IN YEARS LAST BIRTHDAY)

12s USUAL OCCUPATION

Domestic

(TYPE OF WORK FOR MOST OF WORKING LIFE)

22 College Ave

MIDDLE

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IF UNDER 24 HRS

HOURS

12h, KIND OF BUSINESS OR

IF UNDER I YEAR

INDUSTRY

Richardson

Annapolis. Md

YRS

ANNE ARUNDEL COUNTY

BALTIMORE CITY OR COUNTY OF DEATH

DAYS

- STATE REGISTRAR LAST I DECEASED NAME AUDDLE 2e. DATE OF DEATH MONTH DAY 2b. HOUR 13,198 FLORENCE PRICILIADORS EY MAY

5. DATE OF BIRTH

MONTH

WIDOWED

Mar

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

FOR

Female

TR. BIRTHPLACE ISTATE OR FOREIGN

GLEN BURNIE

Md

14 FATHER'S NAME

Md IN CITY OR TOWN OF DEATH

Henry

USUAL RESIDENCE | IF HURSING HOMEOR OTHER INSTITUTION, 13a. STATE

16a WAS DECEASED EVER IN U.S. ARMED FORCES?

3. SEX

4 RACE

MIDDLE

Negro

U.S.A

Th CITIZEN OF WHAT COUNTRY?

NORTH ARUNDEL

Dorsey

13c. CITY OR TOWN Annapolis

LAST

188 SOCIAL SECURITY NO

GIVE RESIDENCE BEFORE ADMISSIONS

filled in by t and 2 shou urial-transit permit. Then Mental Hygiene prior to

TO FUNERAL DIRECTOR: A should be detached for use as I with the State Dept. of Health IMPORTANT: If Item 21 is m DHMH-16 25M (VRA 15, 4) 1/79

BP.

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IN DATE OF OPERATION IN	& CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	YES   NOT	70L IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcap \) NO \( \bigcap \)
OR CONTRIBUTING CAUSE OF DEATH	Ib. TIME OF INJURY HOUR A.M. MONTH DAY YEAI P.M. 19		RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART 2]
	e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
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[ SPECIFY]		CEMETERY OR CREMATORY VerHill	23d LOCATION CITY OF TOWN	lis A.A. Md
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### STATE OF MARY FOR DEPARTMENT OF HEALTH ANI - STATE **CERTIFICATE OF** REGISTRAR MIDDLE LAST DECEASED NAME FIRST TYPE OR PRINTS WILLA E. DRASHE 4 RACE 5. DATE OF BIRTH MONTH FEMALE WHITE Dec 6 Ja BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? Bennsylvania MARRIED NEVER U.S.A. WIDOWEDTO 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER IN 8496 MAST CT. Pasadena USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COUNTY 1136 CITY OR TOWN 13c CITY OR TOWN 134 INSIDE Md. A.A. Pasadena YES 1 14 FATHER'S NAME 15. MOTHER MIDDLE John Mundie ME WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORM (IF YES, GIVE WAR OR DATES) Unknown John CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF letasta Conditions, if any, which

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or other cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause ancer PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE CERTIFICATION he burial-transit permit. The and Mental Hygiene prior 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERF marked or Item 18 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f LOCAT 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220 I certify that (1) (this haspital) attended the deceased from saw the deceased alice above, (1) (we) (did) (did not) view the body after death and that in (m DEGREE 226 SIGNATURE should be detach with the State D FUNERAL MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22R ADDRESS 606 Hamminds VASAN 2 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Glen Haven Mem Pk Glen Burnie 25r. DATE REC'D. BY REGISTRAR 25b. REG 24 FUNERAL DIRECTOR ADDRESS Balto 21225

George J. Gonce 4001 Ritchie Hgwy.

DHMH-16 25M (VRA 15, 4) 1/79

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MPORTANT

George J. Gonce 4001 Ritchie Hgwy

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH EDT REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) ALEXANDER DUDEK 1:05 MAY 9 1980 3. SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Oct 22 1915 DAYS HOURS. MALE WHITE 64 To BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED Marvland WIDOWED DIVORCED ANNE ARUNDEL COUNTY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** Foreman GLEN BURNIE Fanning Co. NORTH ARUNDEL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE 13b COUNTY 13c. CITY OR TOWN 104 Winston Rd. 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. A.A. Pasadena NO XIX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Joseph Dudek Josephine 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1438 NO Mrs. Wanda Dudek same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.61 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 22a | certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did not) view the body after death 226. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d, PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 517 EMPIRE TOWERS GLEN BURNIE, MARYLAND 21061 JAMES J. BENJAMIN, M.D. 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN 5/13/80 Baltimore, Holy Rosary Cem Burial Maryland 24 FUNERAL DIRECTOR ADDRESS Balto 21225 250. DATE REC'D. BY REGISTRAR 254 FEG.

DHMH - 16 50M 7/77 (VRA 15(4))

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DHMH - 16 50M 7/77 (VR A 15 (4))

1. DECEASED NAME FIRST MIDDLE LAST DURHAM  EDGAR DICUS  DURHAM  S. DATE OF DEATH MONTH DAY YEAR 20. HOUR 1:45A, MAY 23, 1980 1:45A, 1980 1:45A, MAY 23, 1980 1:45A, MALE  WHITE APRIL 1, 1910 70 YRS.  A BIRTHPLACE (STATE OR FOREIGN COUNTRY)  A BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARRIED MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNTRY OF DEATH MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNTRY	-	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLA EALTH AND M CATE OF D	MENTAL HYG	BNE ()	REG. NO.	1	4 1	2 D.S.T.
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THAT JOHN EDGAR DURHAM SALLIE DICUS  JOHN EDGAR DURHAM SALLIE DICUS  100 WAS DECEASED EVEN IN U. S. ARMED FORCES?  100 WAS DECEASED EVEN IN U. S. ARMED FORCES?  100 WAS DECEASED EVEN IN U. S. ARMED FORCES?  W. W. TI  101 W. W. TI  102 W. W. TI  103 W. W. TI  104 W. W. TI  105 W. W. TI  105 W. W. TI  105 W. W. TI  105 W. W. TI  106 W. W. TI  107 W. W. TI  107 W. W. TI  107 W. W. TI  108 CAUSE OF DEATH. Enter only one course per lige for joi, (b), and ic:  109 W. W. TI  109 W. W. TI  100 W. W. TI  100 W. W. TI  100 W. W. TI  100 W. W. TI  105 W. W. TI  106 W. W. TI  107 W. W. TI  107 W. W. TI  108 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO		13a. S	TATE	136 COUN	TY	13c. CITY OR TOV	NN I			13e. STREET A	OAK	LAN	E N.	. W .
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On OFF E	by the HERAL OR SERVICE DISTRIBUTION OF DESTREE DESTR		C	AME (TYPE OR	PRINT)	Ruale	n	M &	PHYSICIAN (X	DIRECTOR	PHYSICIAN	1.1	5-	23-80
238. BOATE OF CEMETERT OF CREMATION, REMOVAL 238. DATE	TO HOS retained TO FUN shauld the IMPORT	23a. B	CHARLES	R. M	AC DONAL		NAME OF C		GLEN	BURNIE	MARY			1

27 MAY'80 GLEN HAVEN MEM.PARK GLEN BURNIE A.A. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR FUNERAL HOME, GLEN BURNIE, MD

# may be TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 retained by the haspital ar attending physician.

BP. DHMH - 16 50M 1/76 (VR A 15 (4) )

		FOR			TE OF MARYLAND HEALTH AND MENTAL	uv Struc (1)		1 7
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773	3. SE.		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BE		
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filled in by the funeral direct ould be filed within 72 hours

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MPORTANT: If Item 21 is

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MEDICAL

WHILE

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY FENE

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126 KIND OF BUSINESS OR

STATE

REGIST	RAR		(	CERTIFICATE O	FDEATH	REG. N	10.				
1. DECEASED (TYPE OR PRINT)	NAME LIZAS	EfH VIEC	ajwiA	Edwar	5	2a. DATE OF DEATH	MONTH 5	(O	SS S	31.5	R 2f
3. SEX	J	4 RACE	5.	. DATE OF BIRTH		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	EMALL	WHI	E	2 10	1909	7/	YRS	MONTHS	DAYS	HOURS	MIN
7a. BIRTHPLAC	E (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	MARRIED   NEVE	R MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH	V-1	7

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ANNAD

FOR

10. CITY OR TOWN OF DEATH

- STATE

BOOKKEEP ES TAM EN

DIVORCED

14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME aMIDDIE MIDDLE

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUT

16g WAS DECEASED EVER IN U.S. ARMED FORCES? **JNFORMANT** (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for tal, 15) and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a), stating the DUE TO OR A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

ON			3	
ICAI	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
RTI			YES NO	YES NO
B	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2}

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING \_ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19

21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREE1 CITY OR TOWN COUNTY

NOT WHILE AT WORK 27a I certify that (It this hospital) attended the ond that (aur) opinion death occurred on the date and hour and from the causes stated

above 12h SIGNAT DEGRE 22c. DATE SIGNED

TTENDING / MEDICAL DIRECTOR PHYSICIAN CIAN NAME OF BUILDING THE ADDRESS

230. BURIAL CREMATION REMOVAL CEMETERY OR CREMATORY

256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR:

LES THE LANGE THE RESIDENCE OF THE PROPERTY SERVICES 

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY LENE

1	4	1	5

-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		~
	CEASED NAME	FIRST	A	MIDDLE	L	AST .	20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
(111)	C	arrie	E	lizabe	th E	'ser	_	) /8	W	1153 M
3. SE:	X	4	RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	HS DAYS	IF UNDER 24 HRS
	XM Female	9	White		12-2	3-94 YEAR	85	YRS.	UATS	HOURS MIN
70 81	RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
	Md.		U.S.	A.	WIDOWE		Anne Aru	ndel		MD.
10 C	ITY OR TOWN OF DE	ATH 1			RSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
Ar	napolis		Annapo	lis Col	nvalesce	ent Center	Housewife		NDUSTRY	
USU	AL RESIDENCE (IF NUR		THER INSTITUTION.	GIVE RESIDENCE E	BEFORE ADMISSION)					
130. 3	Md.	Anne	Arundel	Ammapo	olis		13: STREET ADDRESS Bay Ridge	Ave. SVan	Bure	n Ste
14. FA	THER'S NAME					15 MOTHER'S MAIDEN NAM	ΛE			
	William	MI	DDLE	Johnson	2	Caroline	WIDDLE	Robinso	in IASI	
	VAS DECEASED EVER			166 SOCIALS	SECURITY NO.	17. INFORMANT	ADDR	ESS		
(	yes, no or unknown) <b>No</b>	(IF YES, GIVE V	VAR OR DATES)	214-74	1-0891	Charles G. Es	on 24 Bond	-11 Ct	7	- 7 *
	18 CAUSE OF DEAT	H Enter only	000 00000			CHALLES G. ES	er,24 Kanua	0	Annap	MATE INTERVAL DISET AND DEATH
	PART I. DEATH V	VAS CAUSED	BY	Cerel	unt 6	44 Cular	Ciccide	ents.		unt4
	1/2/-	IMMEDIATE		<u> </u>		,				,
	Conditions, if any, which ( ) DUE TO OPAS A CONSEQUENCE OF Conditions, if any, which							5 -		
	gove rise to immediate									
	cause Ian, stating the DUE-TO, OR AS A CONSEQUENCE OF underlying cause last									
	PART 2 OTHER SIG	NIFICANT	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CON	IDITION GIVEN I	N PART 10	1
No.	Cl	1 11 8 10	merit	12 -	Pana	11.1.				
ATI	196. DATE OF OPERA	TION	196 CONDI	TION FOR WE		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
CERTIFICATION							YES NO	IN CERTIFYING	CAUSES	NO [
GE	210. ACCIDENT WAS UN		216. TIME O		DAW WEAR	21c. HOW INJURY OCCURR		IRY IN ITEM 18, PART 1	OR PART 2)	
A.	OR CONTRIBUTING		HOUR A.		DAY YEAR					
MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY		21f. LOCATION STREET	CITY OR TO	M/M	OUNTY	STATE
2	WHILE NOT W	CHILE C	(AT HOME, STR	REET, FACTORY, OF	FICE, FARM, ETC.)	SIREEI	CITORIO	WN	CONTY	STATE
	220.1 certify that (1) (this haspital) oftended the deceased from 19 13 to Way 15 19 80, that (1) (war last									
	saw the deceased alive on 19 on that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (me) (did) (du not) view the bady after death.									
	226. SIGNATURE 22c. DATE SIGNED									SIGNED
	Kode	en 7	Skr	imb	all 7	MA ATTENDING PHYSICIAN	MEDICAL STA		5/1	9/80
1	22d. PHYSICIAN'S N	AME TOPE OF	PRINT)	,		22e ADDRESS				
	Rodner	16	BUIL	mha	11	1419 Fores	JA. How	NAROI	15 h	14.
	BURIAL, CREMATION,	REMOVAL	23b DATE	80	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			,
(	Buria	1.1	5-21-		Morela.	nd Park	Balto.	Md.	414	STATE

BP DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion

ATTENDING PHYSICIAN: The ottending physician

etained by the hospital or OR

TO HOSPITAL

shauld be detached for use as the burial-transit permit. Then please remove corbangage with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows ony

24 FUNERAL DIRECTOR

FOR

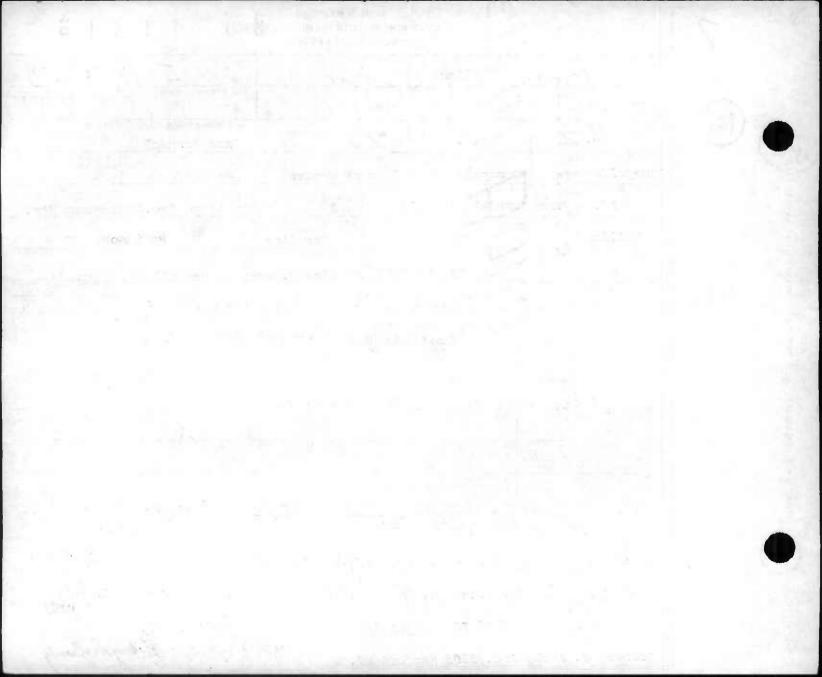
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nding physicion and campletely filled in by the corban papers. Pages 1 and 2 should be filed wi

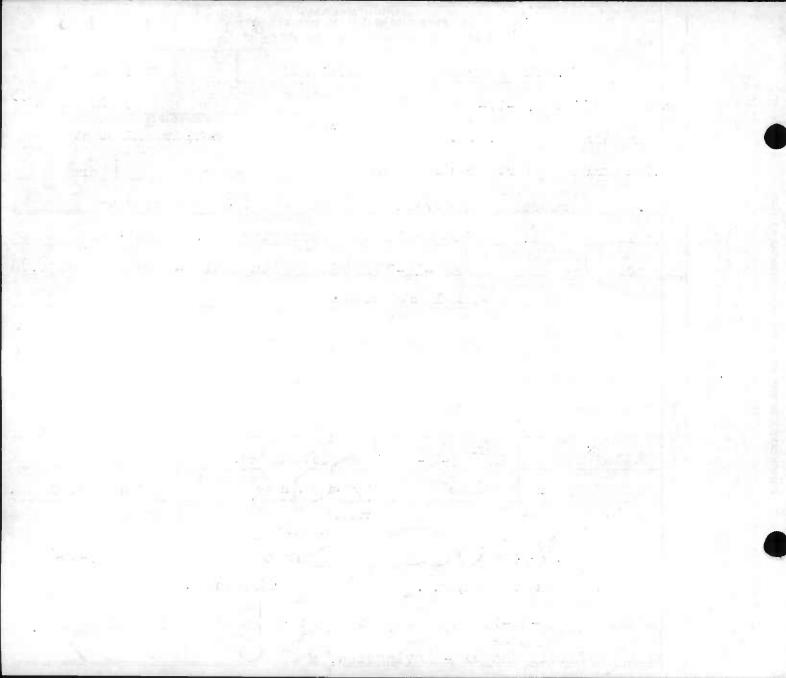
injury, or other troumotic event, the

Leonard J. Ruck, Inc., 5365 Harford Rd

Md. 250. DATE REC'D, BY REGISTRAR 250. REGISTRAR'S SUNATURE MAY 2 1 1980



- 1		OR			DEPART					HYGIEN	IF)	1		1 2	1	6	•
		STATE REGISTRAR										∦ RE	G. NO.	e-g		9	
1		EASED NAME	FIRST	44.	MIDDLE	S. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   IF UNDER 25 MIN   IF UNDER 25 MIN   IF UNDER 25 MIN   IF UNDER 25 MIN   IF UNDER 26 HRS.   IF UNDER 26 HRS.											
	(111)	ORPRINT	DELBI	ERT Hor	sley	7	FI	TZGER	ALD		DEAT	H MATE	D [3.	5	15,	, 80	M
F	I. SEX		4. RACE	5. DATE OF BIRTH	YEAR	LAST BIRTHD	ARS IF UN					TE	N	HTMON			10 HOUR
L	A	le	white	11-11-1		53 YI			1100110		DEA	AD		5			a M
2	7a. BIF	RTHPLACE (ST		MARRIED X KNEVER MARRIED													
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+	USUA									ے ا	abor	er			Fai	<u>cm</u>	
1			Arur								EET ADD	RESS	orn	Po	ad		
+		THER'S NAME	TAPUI					15. MOTHE	R'S MAID				CIII	Troa			
4		Achlee		T. F				F	IRST				Fitz	zge:			
1	16a. W		EVER IN U.S. ARA		16b. SOC	CIAL SECURIT	Y NO.									2	
		no	(11 123, 0112	TAN OR DATES	224	-28-2	308	Alic	e Fi	tzge	eral	d -	Stu	ıar	ts I	Draf	t, Va
Ī		18. CAUSE O	F DEATH (Enter onl ATH WAS CAUSED	y ane cause per line	far (a), (b)	), and (c).)									APP	ROXIMATE	INTERVAL
ı		IMMEDIATE CAUSE (a) MULTCLIPLE SCAD WOUTINS															
ı		Conditions, if any, which															
ı		gave ris	e to immediate	(b)	AS A COA	ISEQUENCE	OF.								-		
		cause (a) stoting the <u>under-</u> <u>lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF															
1		PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).															
ł	NO																
1	CATI	190. DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?						2D. AL	JTOPSY?	
	TIF															NO 🗆	
	MEDICAL CERTIFICATION	HOUR XXXXMONTH DAY YEAR								T 1 OR PAR	₹T 2)						
Į	NCA.	CONTRIBUTION 21d. INJURY C	NG CAUSE OF E			- 17			sta	bbed.	•						
I	MEC	WHILE _		STREET, FACT	ORY, FARM, E	TC.)	Harn	REET RO	a. ne	ar	CITY OR 1	NWOT	1	Anno	JNTY A 201	ando.	STATE
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1		death resulte	ed from Natur	al causes 🔲,	Accident	L.I., Su	icide			Undet	termined i	manner	<u></u> ,				
1		ACTUAL SIGNATURE	11 11	Mix	7				PECIFY) Lstan	t uso	ICAL EXA	4 4 4 4 1 E D		DATE	. 5-	-16-8	30
-			10	1	-		M.	han.						SIGNE	D		
×	-	EXAMINER'S (TYPE OR PRIN	NAME An	n M. Dixo	n, M.	D.		ADDRESS_	1	11 P	enn S	St.					
Ī	230.BL	RIAL, CREMA	TION,REMOVAL 2			NAME OF CE				23d. LC	ORTOWN			coun	NY THE	STEP	No.
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	737	NAME	224 CL	ADDRESS	7	T :			MAY	22	980	VAR	Jaryan	74.45	IN THE	/	
1	VV e	ells/c	heffie]	d Chape	1 -	LOVIN	gsto	n, Va							-		



DHMH - 16 60M 7/73 (VR A 15 (4))

MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examinations must be ported at

	1 -	FOR - STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	BNE ()	14	7		
		CEASED NAME FIRST Andrew	Middle &	FOLE	AST Y	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 8:30				
	3. SE	x Male	Caucas ian	5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 Y. MONTHS. DA			
77	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) Celand	76 CITIZEN OF WHAT COUNTRY?	MARRIE		9 BALTIMORE CITY O Anne Ar	r county of death undel Coun			
11	F	T. Meade, MD.	Name of Hospital, Nursin	Commun	or other institution	US APRIL OCCUPATION	E WORKING LIFE) INDUST	DOF BUSINESS OR RY Seraising		
502	Ma 14. FA	TANDREW  NAS DECEASED EVER IN U.S. AR  YES, NO OR UNKNOWN)  (IF YES, GM	imore Pluthervi	IRITY NO.	13d. INSIDE CITY LIMITS? YES NO ST 15. MOTHER'S MAIDEN NAME FIRST FM Y 17. INFORMANT BONN & FOLLY	MAUDE ADDRE	Location CO Box 412A,	NAR		
7	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  CONDITIONS CONTRIBUTING TO 1	ENCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CONI		IDINGS USED		
7	MEDICAL CERTIF	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK		19	216 HOW INJURY OCCURRI	YES NO ED (ENTER NATURE OF INJUR		NO		
		220. I certify that X (this haspi saw the deceased alive an above, (I) (wX) (did) (AXXX 22b. SIGNATURE Mildul 22d. PHYSICIAN'S NAME (TYPE S	to view the bady after death.    19 April   19 E	4.D.		MEDICAL STAP DIRECTOR PHYSIC	22c. Do	April 1980		
	Ć	BURIAL, CREMATION, REMOVAL SPECIFY REMATION			EMETERY OR CREMATORY  MOUNT CEMETERY	23d. LOCATION CITY OR TOWN BALTIMOR	E COUNTY M	ARYLAND		
	24 FU WA	uneral director LTER BROOKS BRA	ADLEY, INC., DUNI	DALK,	MARYLAND AP	REC'D. BY REGISTRAR R 2 5 1980	and the same of th	ATURE		

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60	2	1.	FOR STATE REGISTRAR LAS	_	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	REG. NO.	4   8
(M)			OR PRINTING	) 1	Harrist	4	20. DATE OF DEATH MONTH 5-2/- 8	DAY YEAR 2b. HOUR 3 PM
ge 4 mg		3. SE	Female	1 RALE Negr	5. DATE MONI	OF BIRTH H OAY YEAR 4 - 23 - 9.5	6 AGE (IN YEARS LAST BIRTHOAY)  85	FUNDER I YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
death. Po	5		RTHPLACE (STATE OR FOREIGN DUNTRY)	65%	2 widow		PANE Aru	1 /
to the fact	90		ILLERSVILLE	(IF NOT IN SUCH FACE	LITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE  H. 1 USC W. P. C.	12 L KIND OF BUSINESS OR INDUSTRY
n 24 hou Filled in heuld be	35	13a. S	AL RESIDENCE (IF NURSING HOME CONTACTE 13b. CQU	R OTHER INSTITUTION, GIVE R NTY 13c. C L C	RESIDENCE BEFORE ADMISSION CITY OR TOWN OTHIAN	YES NO XX	1388 Marlboro R	Road
ted withi	21		CLARENCE		EVI <sup>AST</sup>	IS. MOTHER'S MAIDEN NA	MIOOLE	DERS LAST
	e medico	16a V	VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	SOCIAL SECURITY NO. 20-26-6267A	OLEARICE SE	LLMAN 5424 Sands	Rd. Lothian, Md
ow requires that the death ce been signed by the ottending mit. Then please remove corb prior to burrol, cremation, or	s ony injury, or other froumotic event, the	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS.  (b)  DUE TO, OR AS.  (c)  CONDITIONS CONTR	A CONSEQUENCE OF  A CONSEQUENCE OF  IBUTING TO DEATH BU  TO LIME, DI  FOR WHICH OPERATION	INOT RELATED TO THE TERM	Alinal Disease or Condition Gin  Lawrence  200 AUTOPSY?  200 IF YE. IN CERTIN	VEN IN PART 1(0)  S, WERE FINDINGS USED FYING CAUSES OF DEATH?
SICIAN: The ng physicio certificate buriol-tronsit ental Hygie	or Nem 18 shows	MEDICAL CERTIF	21g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		MONTH DAY YEAR 19		YES NOW YE	ES NO PART 1 OR PART 2}
ed by the hospital or attending PH ed by the hospital or attending UNERAL DIRECTOR. After this discrete for use as the the State Dept of Health and I	If Item 2 I is morked	WEI	WHILE AT WORK NOT WHILE AT WORK  22a. I certify that (I) (this hosp sow the deceased olive or above, (I) (we) (did) (did not	(AT HOME, STREET, F/	eased from Full 19 FULL 19	nd that in (my) (our) apinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	death occurred on the date and hou	19 June 19 Jun
TO HOSI	-	23a. E	JURIAL, CREMATION, REMOVALE SECTION AND AND AND AND AND AND AND AND AND AN			LEMETERY  CEMETERY  CEMETERY	23d. LOCATION CITY OR TOWN Drury	COUNTY STATE Maryland
DHMH - 16 50M 7/77 (VR A 15 (4))		24 FU WII	INERAL DIRECTOR LITAM REESE & S	ONS MORTUA		is, Md. 250 DAT	TE REC'D. BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE

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	1			EASED NAME	FIRST		MIDDLE	i	AST		2a. DATE OF DE	ATH MON	TH DAY YEAR	R 2b. HOUR
(2)	1		(TYPE	OR PRINT)	VILLI	MA	Henry	FR	OME		MAY	7		5:03Am
*	4		3. SEX			4 RACE	13.4-2 1.3	5. DATE C		25.00	6. AGE (IN YEARS	LAST BIRTHDAY)		
8	1	1		Male		Whi	te	Aug		1921	58		YRS.	
2 4	, to	1		THPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	DE NIEVED	MARRIED	9. BALTIMORE	CITY OR CO	DUNTY OF DEATH	1
	22	D		aryland		USA		WIDOWE		IVORCED [	ANNE	ARUN	DEL COU	NTY MD.
<b>5 0</b>	kit kit		10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		ROTHER IN	STITUTION	12e. USUAL OCC		12b. KIN	D OF BUSINESS OR
201 rs aft	filed f	14	GL	EN BURNI	E	NORT	CH ARUND	EL H	OSPIT	AL	Produc	tion	Control	Koppers
212 hou	d be	50	13a. S		13b. COUN		GIVE RESIDENCE BEFORE		13d INSIDE	CITY LIMITS?	13e. STREET ADD			
AND n 24	onloon on war	3	Ma	ryland	A	A	Sever	n	YES 🗌	NO 🔀		WB &	A Road	
YLL othur	2 st		14. FA	THER'S NAME		AIDDLE	LAST			R'S MAIDEN NA		IDDLE		LACT
MAI wels	ond	20		Henry	,,	MODIL	Frome			Lena		0016	Brun	ner
RE,	es licol	1	160. V	AS DECEASED EVER	IN U.S. ARA	MED FORCES?	16b. SOCIAL SECU		17. INFORM			ADDRESS	Same a	s 13
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 es that the death certificate be executed within 24 hours ed by the attending abhysician and completely filled in by	Pog.	1	(1	ES, NO OR UNKNOWN) Yes	WW	TI	218.09	.9236	Mrs	. Thel	ma M. F	rome	(wife)	
3ALT	ol.						line (01, 0), (b), 000	d (c).)	17/2	1	2-1		BETW	ROXIMATE INTERVAL EEN ONSET AND DEATH
office refric	ema even			PART I. DEATH W		E CAUSE (0)	( over	Lon	COC //	rosk	ale	200	>	2 years
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ESTC	non, aum			Conditions, if any,		( (b)_							THE SEA	
PR .	emo er fr	1		gove rise to imm couse (a), statin		DUETO	R AS A CONSEQUE	NCE OF						
W hot	al, cr			underlying couse	lost.	( (c)								
	burie burie			PART 2. OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE O	RCONDITIO	ON GIVEN IN PAR	T 1(o)
RDS equi	The r to inju		O									100		
ECO	prio any	4	CAT	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a. AUTOPS		. IF YES, WERE FIN CERTIFYING CAU	
AL R	t pe	2	CERTIFICATION			The same		No. 1			YES N	000	YES [	NO [
VIT. N. T. N. T. N. Sicope	Hyg 18 sh	U	CER	21a ACCIDENT WAS UNI		21b. TIME C	FINJURY .M. MONTH DA	YEAR	21c. HOW I	INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN	TEM 18, PART 1 OR PART	2)
OF ICIA 3 ph	ntol em	1	AL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		in t	M.	19						
NO HYS	Me ar It		MEDICAL	21d INJURY OCCUR	RED		OF INJURY		21f. LOCAT	ION	CIT	YORTOWN	COUNTY	STATE
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The fow requir outending physician.	s the		×	AT WORK AT WO	HILE D	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC.)	SIREE	3.4	CH	TORTOWIN	COUNT	STATE
NIOI NO	se a mo			22a I certify that (I)	(this hospit		ne deceosed from		May	10,980	to _Mas	/ 16	19.80	_, that (I) (we) last
TTEN	for u of H			sow the decease above, (1) (we) (c	ed olive on	May 1		0, or	d that in (29)	y) (our) opinion	deoth occurred o	n the date o	nd hour and from	the couses stated
A A Pos	ept.			22 SIGNATURE	ara / (ara no	//	1 - 1		DEGREE!					ATE SIGNED
AL CAL	detac ate D			forme	- X	Karrel	Belles	ses 16	10	PHYSICIAN E	MEDICAL DIRECTOR	STAFF PHYSICIAN	0 /6	May 80
SPIT d by	be o Sto	1		Ald. PHYSICIAN'S NA	AME (TYPE OF	R PRINT)	- · · ·		22e ADDRE	ESS /				21061
HO	ould I			Jame	25	)avid	131/e51	TM	325	HOSPIT	AL DR.	, GLEN	BURNIE	, MARYLAN
0 a	4 3 ₹-		23a B	LIPIAL CREMATION	DEMOVAL	123h DATE	23. N	JAME OF C	EMETERY OF	CDEMATORY	23d LOCATIO	N		

FOR

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DHMH - 16 50M 7/77 (VR A 15 (4))

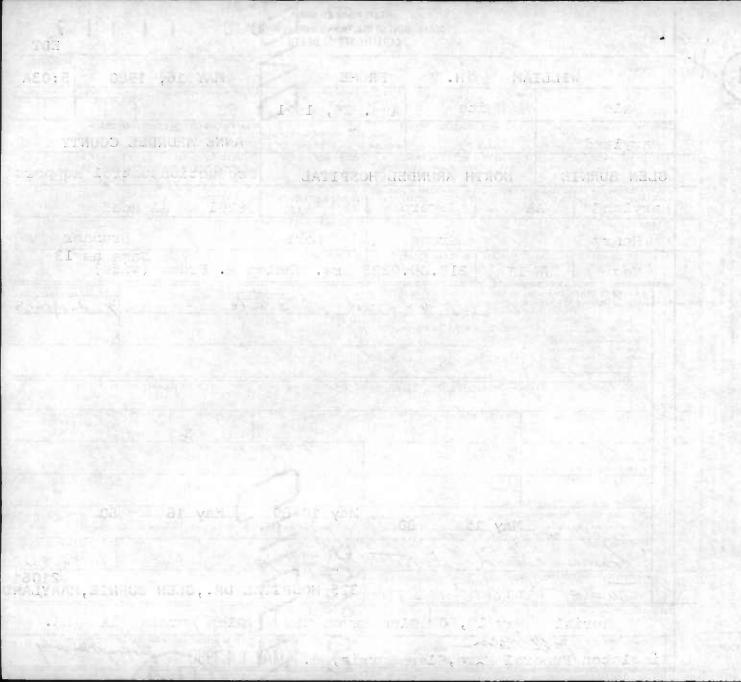
COUNTY STATE 19.80 \_, that (I) (we) last e and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 325 HOSPITAL DR., GLEN BURNIE, MARYLAND 23d LOCATION 230. BURIAL, CREMATION, REMOVAL Gien Burnie Md STATE May 19,80 Buria1 Glen Haven Cem 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR S SIGNATURE AND 1 C 1000 24. FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE

CERTIFICATE OF DEATH

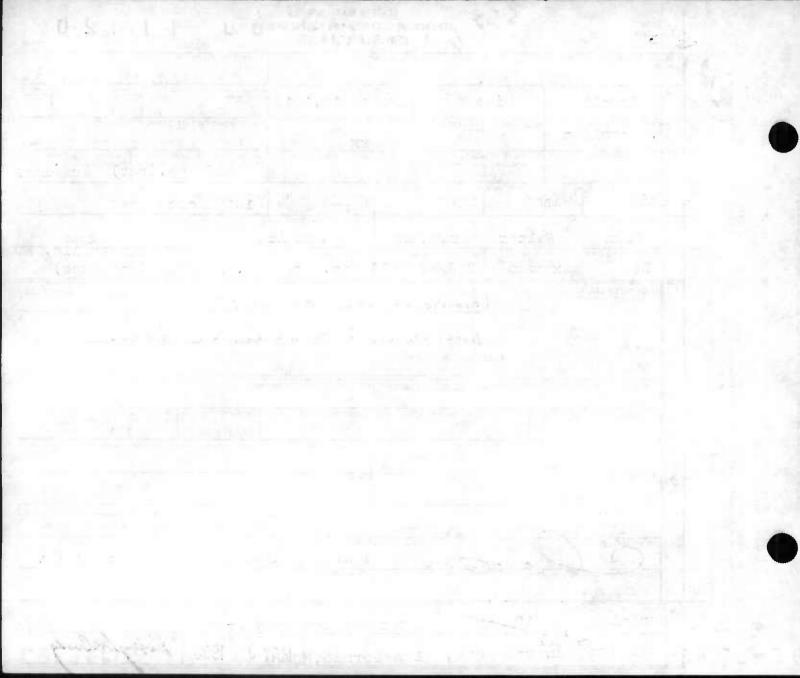
EDT 2b. HOUR



	death
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physician.

Page 4 may be

	No.	FOR -STATE REGISTRAR			- 10 h	CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		4 2	. O EDT
n 2		CEASED NAME ORPRINT)	FIRST	^	AIDDLE		AST	2e DATE OF DEATH	HTMOM	DAY YEAR	2b. HOUR
/ ball	3. SE	¥	NITA	RACE		GALE Is DATE O	BREATH DE BIRTH	MA  6. AGE 1 IN YEARS LAST BIRT	Y 7.	1980	3:21P M
	J. J.	female		whit	е		ust 43,1912	67	YRS.	MONTHS DAYS	HOURS MIN.
n 72 hourst diffied at	P	RTHPLACE (STATE OR F.	.na		WHAT COUNTRY? USA	WIDOWE		ANNE ARU	NDEL	COUNTY	MD.
by the fulled within	G	LEN BURNIE		NOR'	TH ARUNDE	ADDRESS)	PITAL	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O SELT EN	F WORKING L	126. KIND C INDUSTRY	lag. Supplies
filled in suld be fi	130 6	AL RESIDENCE (IF NURS	MT all	THER INSTITUTION.	GIVE RESIDENCE REFORM	E ADMISSION)	13d. INSIDE CITY LIMITS? YES XX. NO	13. STREET ADDRESS 1417 NO	th F	Road	
ompletely and 2 sho cdical exa	14 FA	John	Wa	1ter	Draugh	non	is Mother's Malden NA/ finst  Juanit	.a MIDDLE			nk
h and co	lée V	VAS DECEASED EVER	IN U.S. ARMI	AR OR DATES)	286/42		Mrs. Nancy				lile, M. ter)
en signed by the attendin Then please remove carbo ir to burial, cremation, or iny injury, or other traum	NOI	Canditions, if any gove rise to imm cause (a), statir underlying cause	nediate ig the last	(b) DUE TO, OI	R AS A CONSEQUE	SCLE2	NOT RELATED TO THE TERM	Vecule	DITION GI	VEN IN PART 10	a t
te has be permit. iene prig	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY? YES NO	IN CERT	S, WERE FINDI FYING CAUSES ES	
hysician. certificat si-transit ntal Hygi ntal Hygi		216 ACCIDENT WAS UNI	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED JENTER NATURE OF INJUI	RY IN ITEM 18,	PART 1 OR PART 2)	lie"
tending ph After this the burial h and Mer narked or	MEDICAL	21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK	HILE [7]	21e PLACE ( (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
hospital or at DIRECTOR: hed for use as Dept, of Healt Item 21 is r		22a. I certify that (I) saw the deceas abave, (I) (we) (a 22b. SIGNATURE	ed alive an		19		, 19				
retained by the TO FUNERAL should be detact with the State [MPORTANT:		224 PHYSICIAN STO.	I. WI	I, M.D.	2.W.	u -	GLEN	OSPITAL DRI BURNIE, MAR	VE, #	105	sto.
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DHMH-16 25M (VRA 15, 4) 1/79	S:	ingleton	Fune	ral H	ome, G1	en E	Burnie, MDMA	Y 9 1980	25h Blog	THE !	riody



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 marketained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the fundant should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filed after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical examiner must be notified at other
DIVISION OF VITAL RECORDS, 201	TO HOSPITAL OR ATTENDING PHYSICIAN, The low requires th retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbanpaper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Item 21 is marked or Item 18 shaws ony injury, or

ROSARIA  GARCIA  MAY 13, 1980  Female  J. SEX  J. SEX  Female  J. SEX  Female  J. SEX  Female  J. SEX  Female  J. SEX		1 -	FOR STATE REGISTRAR	Diam's Total	MENT OF H	EALTH AND MENTAL HYD ICATE OF DEATH	REG. NO.	4 2 DST
Female white Feb. 11 1924 56  The BRITHPLACE STAND GROSSION TO LITER OF WHAT COUNTRY?  SAME BRITHPLACE STAND GROSSION TO LITER OF WHAT COUNTRY?  SAME BRITHPLACE STAND GROSSION TO LITER OF WHAT COUNTRY?  SAME BRITHPLACE STAND GROSSION TO LITER OF WHAT COUNTRY?  SAME BRITHPLACE STAND GROSSION TO LITER OF WHAT COUNTRY?  SAME BRITHPLACE STAND GROSSION TO LITER OF WHAT COUNTRY?  SAME BRITHPLACE STAND GROSSION TO LITER OF WHAT COUNTRY?  SAME BRITHPLACE STAND GROSSION TO LITER OF WHAT COUNTRY WHO COUNTY WHO			OR PRINT)		- 34			A A
The Birthplace is state decoration   The Critizen of What Country   The Country   Th	A				MONTH	DAY YEAR	5.6	MONTHS DAYS HOURS MIN
GLEN BURNIE NORTH ARUNDEL HOS PITAL TOWER CONTROL FOR A WORTH ARUNDE TO THE INSTITUTE OF WATER ARUNDED HOS PITAL TO THE STATE AND STATE ARE SIDENCE (IF NUMBERS OF ABOUT OF A WAS PERFORMED TO THE INSTITUTE OF A	197	7a. BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIE		9 BALTIMORE CITY OR COL	JNTY OF DEATH
136 STATE   138 COUNTY   136 COUNTY   136 RIDGE Chapel Road   136 RIDGE Chap	54			(IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOUSEWITE	NG LIFE) 12b. KIND OF BUSINESS O INDUSTRY home
Salvadore  Orlando  Mary  Ciapped  186 WAS DECEASED EVER IN U.S. ARKED FORCES?  187 INFORMANT (daughter)  Due To, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse ion, storing the underlying couse lost information in the underlying couse lost in the deceased of the underlying couse lost in the deceased of the underlying couse lost in the deceased of the underlying couse lost in the u	ed season	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b COU ryland Aru	OR OTHER INSTITUTION GIVE RESIDENCE BEFO PAMNE 136 CITY OR TOVE NO Hanove	VN	YES NO		hapel Road
no none Unobtainabl Mary C. Scarfield (same as 13e)    Real State of Death   Enter only one couse per line for ion, ib) and ic	24 (may 24)		FIRST	Orland	0	Mary	WIDDLE	Ciappa
PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE TO  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave rise to immediate douse To), storing the underlying couse To), storing the underlying couse To the significant conditions constributions to peath but not related to the terminal disease or condition given in part to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON THE CONDITIONS TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO RELATE BUT TO THE TERMINAL DISEASE OR CONDITIONS ON THE CONDITIONS TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO RELATE BUT TO THE TERMINAL DISEASE OR CONDITIONS ON THE PART 1 OR PART 100  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO TRELATE BUT TO THE TERMINAL DISEASE OR CONDITIONS ON THE SIGNIFICANT ON THE TERMINAL DISEASE OR CONDITIONS ON THE SIGNIFICANT ON THE TERMINAL DISEASE OR CONDITIONS ON THE SIGNIFICANT ON THE SIGNIF	medical	160 V	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		Mary C. Sca	hter) ADDRESS irfield- (sa	me as 13e)
OR CONTRIBUTING CAUSE OF DEATH (FEITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21d LOCATION STREET  CITY ORTOWN  COUNTY  COUNTY  22d. LOCATION  STREET  CITY ORTOWN  COUNTY  DEGREE  22c. DATE SIGN  PHYSICIAM S NAME (TYPE OR PRINT)  GLENN ROBBINS, M. D.  23d. BURIAL, CREMATION, REMOVAL  23d. DATE  PARK DATE OF CEMETERY OR CREMATORY  ROCKVILLE MONTGOMET  ROCKVILLE MONTGOMET	ony injury, or	TIFICATION	gove rise to immediate cause to), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  County of the cause last.	CONDITIONS CONTRIBUTING TO	DEATH BUT	7 Polatoad	200. AUTOPSY? 2000	MATENTICON PYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
220. I certify that (I) (this hospital) attended the deceased from the course on the deceased olive on sow, the deceased olive on th	Item 18	,	OR CONTRIBUTING CAUSE OF D	R) P.M.  21e. PLACE OF INJURY *	19	21f LOCATION		
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN May  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MAY  BURNIE STAFF MAY  22c. ADDRESS 300 HOS PITAL DRIVE  GIEN BURNIE, MARYLAND 2106  23d. BURNIAL, CREMATION, REMOVAL STAFF MAY PARKLAWN Cemetery ROCKWILLE MONUTOMER  23d. BURNIAL, CREMATION, REMOVAL STAFF MAY PARKLAWN Cemetery ROCKWILLE MONUTOMER  23d. BURNIAL CREMATION, REMOVAL STAFF MAY PARKLAWN CEMETERY OR CREMATORY ROCKWILLE MONUTOMER	21 is marked	W	22a.l certify that (I) (this has	pital) attended the deceased from	20			, 19, that (I) (we) lo
Burial 236. Burial, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY ROCKWILLE, MONUTY ROCKWILLE, MONUTY ROCKWILLE, MONUTY ROCKWILLE, MONUTY ROCKWILLE,	TANT: If Item		220 PHYSICIAN'S NAME (TYPE	OR PRINT)	M,	ATTENDING PHYSICIAN I	DIRECTOR PHYSICIAN	
Bullar	IMPOR	23a. I	BURIAL CREMATION REMOVA		NAME OF C	GLEN	BURNIE, MARY	YLAND 21061
24 FUWRALMEN E. Pumphrey, Inc.	_	(	Burial	5-15-1980 Pa		wn Cemetery	- 11	

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SUAL RESIDENCE (IF IN NUMBERO HOME OR CHIEF RESIDENCE BEFOR ADMISSION)   136. INSIDE COUNTY   136. INSIDE (II) III) III III III III III III III I	DE DEATH
136. CAUSE OF DEATH (Enter only one couse per lipe for (d), (b), and (c).)   PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o), and in my opinion   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   197. TREET ADDRESS   198. SOCIAL SECURITY NO.   198. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION   196. CONDITION FOR WHICH OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   196. DATE OF OPERATION   196. DATE OF OPERATION WAS PERFORMED?   196. DATE OF OPERATION WAS PERFORMED?	KIND OF BUSINESS OR INDUSTRY d Researce
Walter John Garrison Marye We    May Deceased Ever In U.S. Armed Forces?   166. Social Security No.   17. Informant   Address	
TEST   NO. OR UNKNOWN    (F YES, GREWAR, OR OATE)   T   339 12 3338   POlly Cole same as 13 e	lest
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o) storing the under- lying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED  31reet, FACTORY, FARM, ETC.)	
AT WORK AT WORK  22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion	worten
AT WORK AT WORK  22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion	0. AUTOPSY?
AT WORK AT WORK  22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion	YES NO
22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion	STATE
	5-19-80
SIGNATURE CA MEDICAL EXAMINER SIGNED	
236. Burial Cremation, REMOVAL 23b. Date Crest Lawn Cemetery Baltimore, Maryl	rlandstate

STATE OF MARYLAND

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FOR STATE	DEPARTMENT OF HEALTH AND

LAND MENTAL HY BENE

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' '	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	1 73	4
I. DEC	CEASED NAME	FIRST	٨	MODLE	a	AST,	2a DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
,	1	les	nan	13	154	cester	6	5-3	1-00	100 mm
3 SE	X		RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN
6	MAle		Whi	Te .	Moldi	- 18-10		70 RS.	DATS	Mar.
7a BI	RTHPLACE (STATE OR FO	OREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	MARYLA	ND	u:	SA	WIDOWE		ANNE	ARUND	PEL	MD.
10 C1	TY OR TOWN OF DEA	HTA		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
F	HNAPOLIS		ANNE	ARUNDEL		NERAL HOSP.	0 .	LOYED		KSTER
USUA 13a S	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
	MD	A.		SEVERNA		YES NO 🔀	RT I	Box L	138	
14. FA	THER'S NAME	M	IDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	51
	Louis		H	GEISI		GRACE				YMAN
	VAS DECEASED EVER		NED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS 79-	7 OLD A	INNA POLIS &
	NO			218-32-	4362	NICK FILLW	IANN	SE	VERNA I	PARK, 21146
	18 CAUSE OF DEAT PART I. DEATH W	H Enter and	ane cause per	or tal, (b), an	id ichi.	. 10 .	/	1	RETWIEN.	DNDEY AND DEATH
	PARTI. DEATH W	IMMEDIATE		een	en	of the es	copredi	w	6	mo
	1509		DUE TO, OF	AS A CONSEQU	ENCE OF 4	& not	Z Y			
	Conditions, if any		(31)		NI	3 Mydas	Toors		+	
	cause ia statir underlying cause	ng the	DUE TO, OF	AS A CONSEQU	ENCE OF					
	onderlying cause	1057.	701							
z	PART 2. OTHER SIGN	VIFICANT C	onditions <u>co</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	IDITION GIVE	N IN PART 10	a ·
CERTIFICATION	19a DATE OF OPERA	TION	TION CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	Tank IE VES	WERE FINDIN	ACC LICED
FIC	196 DATE OF OPERA	11014	148 CONDI	HON FOR WHICH	OPERATIO	IN WAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?
ERI	71a ACCIDENT WAS UNI	DERLYING	21b. TIME O	F INJURY		21c. HOW INJURY OCCUR	YES NO	JRY IN ITEM IB PA		ио 🗌
	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH D					,	
MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR		P.I		19	211 LOCATION				
¥	WHILE NOT W	HILE	( AT HOME, STR	EET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
	22a. I certify that (1)		ottended the	deceased from	Ser	24 19 79	10 //20	M.	9.80	that (I) ( last
	saw the deceas	ed alive on_	301	nous 19	80 %	nd that in (my) apinion	death occurred an the c	late and haur		
	obave, (1) ( )	didi (d <del>ia noi</del>	view the bady	affer death		DEGREE			22c. DATE	SIGNED
	(neus)	n. 0	list-	en of son	m	77 ATTENDING	DIRECTOR   STA		5-	31-80
	224. PHYSICIANS N	AME (TYPE OR	PRINT)	1	1 /1	22e ADDRESS	, J.K. C. O.K	VIII. []		21401
	BARY 1	n. X	J'chia	Rdson	mo	104 Forbes	Street A	NNAO	olis.	nd
23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	- 1/	COUNTY	STATE
(	BURIA	L	6-3	-80	CEDAI	R HILL CEMETE			AA	MD
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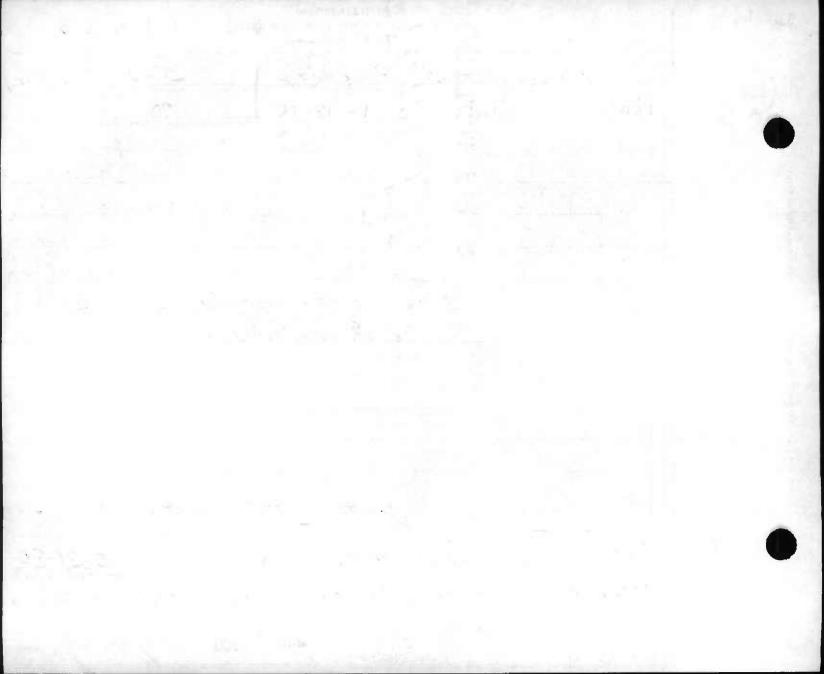
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the furnital displayments abound be detoched for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 min, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or other troumatic event, the medical examiner must be potified at once.



		REGISTRAR CEASED NAME FIRST	WIDDLE	4	ICATE OF DEATH	REG. NO.	ONTH DAY YEAR	D.S.T.
9	(TYPE	CEC	ILIA A.	G	ENTZ	МА	Y 14, 1980	2:00
ge 4 moy	3. SE	x Female	Caucasiar	5 DATE C		6 AGE (IN YEARS LAST BIRTHE		IF UNDER 24 HI HOURS MIR
nerol director of the order of	C	RTHPLACE STATE OR FOREIGN OUNTRY) ennsylvania	76. CITIZEN OF WHAT CO	LINTRY2 8	NEVER MARRIED	9 BALTIMORE CITY OR ANNE ARUNDE	COUNTY OF DEATH	
s offer do y the full ded within		LEN BURNIE	11. NAME OF HOSPITAL,	NURSING HOME	R OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Clerk - F	N 12b. KIND C	F BUSINESS C
filled in thousand be f	USU/ 13a. S	TATE 136 CO	ON OTHER INSTITUTION, GIVE RESIDER OUNTY 134. CITY AA GLEN	nce before admission) OR TOWN Burnie	13d. INSIDE CITY LIMITS? YES NO 🌋	13e STREET ADDRESS 6666 Shel		OC 21, 21
mpletely ond 2 sh	14. FA	Ben Ben	F. Mar	rshall	15 MOTHER'S MAIDEN NAME Adelaide	ΛĒ	Hal	i
n ond co Poges	16a. V	VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES,	CIVE WAR OR DATEST	-03-1682	Mr. Harry	ADDRES	Glen Burn	ie
low requires that the is been signed by the remit. Then please eme prior to bunol, cremo s ony injury, or other tr	CERTIFICATION	19a DATE OF OPERATION	DUE TO, OR AS A CO  (c)  NT CONDITIONS CONTRIBUTION FOR	ING TO DEATH BUT	N WAS PERFORMED	INAL DISEASE OR CONDI	rified TION GIVEN IN PART 110 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS USED
frote hos fronsit pe I'Hygiene 18 shows	MEDICAL CERTIF	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING DICAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	21b. TIME OF INJURY	ITH DAY YEAR	21c. HOW INJURY OCCURR	YES NO PORTOR	YES	NO []
Cl.	ă	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	Y, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
VG PHYSICIAN: ottending physician ter this certificon is the buriol-from hond Mentol Hy rked or Item 18	ME	AT WORK AT WORK						
R ATTENDING hospital or oth RECTOR. After red for use as the pt. of Health or tem 21 is market	ME	22a. I certify that (1) (his his sow the deceased alive above (1) we still a 22b. SIGNATURE	ospital) attended the deceased a native the bady after deat	19 , or	ATTENDING PHYSICIAN	MEDICAL STAFF	ond hour ond from the	causes stated
R ATTENDING hospital or oth RECTOR. After red for use as the spt. of Health or tem 21 is market		22a. I certify that (1) this he sow the deceased alive above.	ospital) attended the deceased a not show the body after death of the body after death of the property of the configuration of the conf	h. 19 , or	ATTENDING PHYSICIAN = 22e ADDRESS 7300 F	MSDICAL STAFF	ond hour and from the 22c, DATE	causes stoted

James S. Kirkley, Glen Burnie

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physicion.

## STATE OF MARYLAND

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1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND A CERTIFICATE OF D			42	5
I. DE	CEASED NAME FIRST CORPRINT)	MIODLE 4	LAST	20 DAT	REG. NO	DAY YEAR	26. HOUR
3. SE	Female	White	5. DATE OF BIRTH  MONTH  OAY  10 - 23	AS 6 AGE	(IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS HOURS MIN
	RTHPLACE STATE OR FOREIGN 76 OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVERA	g BALTI	HORECITY OR COUNT	PUNC	le/MD.
10 C	TWNAPOLIS	NAME OF HOSPITAL, NURS IN THE IN SUCH FACILITY OF STREET		TITUTION 12a USU (TYPE OF	VALOCCUPATION WORK FOR MOST OF WORK FOR MOST OF WORK FOR	IFE) 12b. KIND OF INDUSTRY	Me.
130. 5	AL RESIDENCE I IS NURSING HOME OR OTH STATE 13b COUNTY	130 TY OR TOW	OO 15 YES A	NO [] 3	3 Fran	Klin	St
14. FA	ATHER'S NAME FIRST CANE	DLE LAST	15 MOTHER'S	MAIDEN NAME	MIDDLE	UN	VK
16a. V	WAS DECEASED EVER IN U.S. ARMEL YES, NO ON MY NOWN) (IF YES, GIVE WAI		-8499 MARY	G. Shen	29 PESPE Stoney E	Brooke	N.Y.
	18 CAUSE OF DEATH Enter only o PART I. DEATH WAS CAUSED B IMMEDIATE C	Y	Shore	۷.		4	ATE INTERVAL NSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	ENCE OF Sephi	Terri		nay	0'
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF Val	ment fel	irllity	na	n
NOI	PART 2 OTHER SIGNIFICANT CON	bery but c	LENERY 1	TO THE TERMINAL DIS	EASE OR CONDITION GI	VEN IN PART 110	
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	RMED 200 A	IN CERTI	ES, WERE FINDING IFYING CAUSES O ES []	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.		JURY OCCURRED (ENTE	ER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211 LOCATIO STREET	N 9	CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) (this hospital) saw the deceased alive an above, (1) (we) (did) (did not) vi	8/11/20 19	, and that in (my)	_, 19, to (out) opinion death acc	curred on the date and ha		ot (I) (we) last ouses stated
	Jend W	hir.	, ( ) ( F	TTENDING MEDIC		5/	2/90
	22d PHYS WAYS NAME (TYPE OR PRI	n Chunch	220 ADDRESS	VENG X GON	nom Str	I ANNA M	MR

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should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages I and 2 should be find within 72 with the State Dept at the fletch and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, the medical

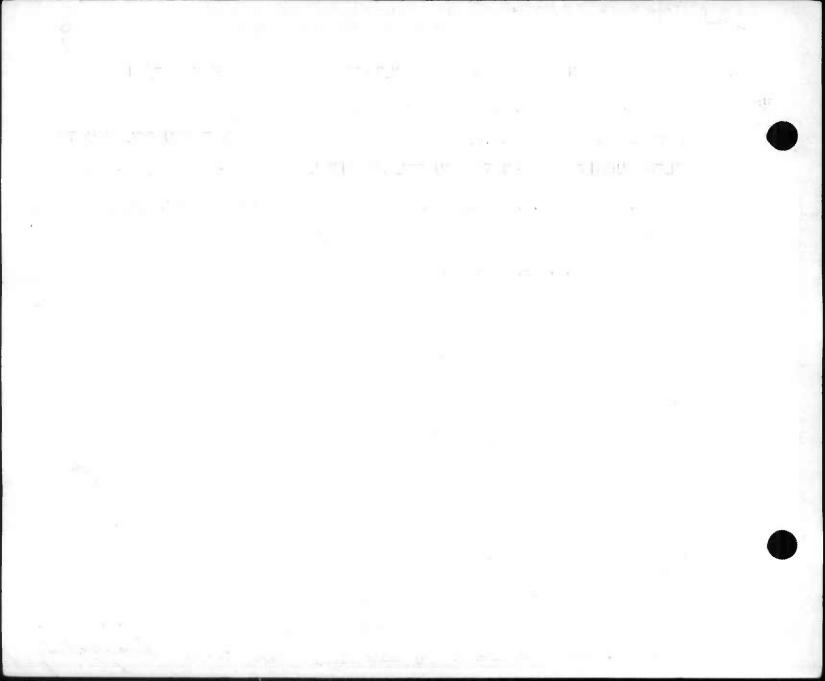
IMPORTANT: If Rem 21 is marked ar Item 18 shows ony

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	to	1	em 1 g544 FOR STATE REGISTRAR	6/9/80			CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		4 2	6 DSTE
M	1	DE	CEASED NAME ORPRINT) Harold	HARR	·	A		VER	2. DATE OF DEATH	MONTH 25		lo yofm
ge 4 ma	director, po hours offer d	3. SE	x Male	ľ	RACE White		5. DATE C MONTH Dece:		6 AGE IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
	within 72 hou within 72 hou led of once.	1 1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania		MARRIED  U.S.A. WIDOWEI  11. NAME OF HOSPITAL, NURSING HOME OF		MARRIE	NEVER MARRIED DO DIVORCED	ANNE ARUNDEL COUN			NTY MD.
ofter	by the to	IN CITY OR TOWN OF DEATH						12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Production	OF WORKING LIF	FE) INDUSTRY	r BUSINESS OR 1ghouse	
24 h	falled in sould be	13a.	AL RESIDENCE (IF NURS STATE Md.	136 COUNT		GIVE RESIDENCE BEF- 134 CITY OR TO Glen Bu	WN	13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 1104 Rose	dale	Ave	
ed within	ond 2 sh	14. E/	ATHER'S NAME Alonzo	ANI	DDLE	Glover	:	15 MOTHER'S MAIDEN NA FIRST Millie	WE		Jone	
e execut	Pages I	16a \	WAS DECEASED EVER YES, NO OR UNKNOWN) Yes	I (IF YES, GIVE W	ED FORCES? VAR OR DATES) II, Kor	181 03	CURITY NO.	17 INFORMANT Ruth Glover	same as			
certificate b	ng physicia banpopers r removal ic event, the		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY	line for 101, 161, 1		Prostate				MATE INTERVAL INSET AND DEATH
or the death	by the attendi use remove cor cremation, or other troumot	CERTIFICATION	Conditions, if any, gove rise to improve (a), stating underlying couse	nediote ng the	(b)_	R AS A CONSEQ					•	
equires #	Then plea to burial		PART 2 OTHER SIGN	VIFICANT CO	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO					IDITION GIV	/EN IN PART 1(o	3
he low r	hos been to be the prior ows any		190 DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES (	
ICIAN: T	ertricote los into tronsitation into Hygie lem 18 sho		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, P	PART 1 OR PART 2)	
affendin	ter this c is the bur hond Me rked or II	MEDICAL	WHILE NOT WE AT WORK	HILE [	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFIC	E, FARM, ETC )	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
TTENDIN	for use of Health		220.1 certify that (1) saw the decease above, (1) (ye) (c	ed alive on_	25	Marke		nd that in (my) (our) opinion	death accurred on the d	lote and how		hat (I) (we) last couses stated
y the hos	AL DIRECTORY OF DEPT.		77h SIGNATURE	18/3	alis n	-1.()		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		25 DATES	lay 50
HOSPII	should be deta with the State D		James	2	Biles	TUS ME	10.	325 Hospin	fal Drive,	Glen	Burnie	- ud.
₽ ₹ BP_		23a	BURIAL, CREMATION, SPECIFY) Buria.		236. DATE 5/28/	/-		emetery or crematory Ven Memorial	Glen Bur	nie	A.A.	STATE Md.
	AH-16 20M 15, 4} 7/78		uneral director page J. G.	once 4	001 Rit	ADDRESS		25a DAT	REC'D. BY REGISTRAR	4	AR'S SIGNATE	a Credy



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLA MENT OF HEALTH AND M CERTIFICATE OF DI	ENTAL HYG	REG. NO		12	7
		CEASED NAME FIRST RAPINT) Rachae	MDDLE .	Green		20 DATE OF DEATH	5 7	80	10 HOURS P
	3 SEX	F	NEGRO	5. DATE OF BIRTH	)YEAS	6. AGE (IN YEARS LAST BIRTI	MON		HOURS MIN.
3 E		RTHPLACE (STATE OR FOREIGN COUNTRY LAND	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER M WIDOWED DIV	ARRIED XX	AME AI	unde	DEATH	) . MD
Cotified S	10 CI	nrapols	11. NAME OF HOSPITAL, NURSIN AFNOT IN SUCH FIGURY, GIVE STREET ANNO HRUNCH		TUTION SP.	120 USUAL OCCUPATION OF TYPE OF WORK FOR MOST OF WORK FOR MOST OF	WORKING LIFE)	12b KIND C INDUSTRY	UIA
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Comine	14 FA	THER'S NAME FIRST CHARLES	MIDDLE GREEN	15. MOTHER'S	MAIDEN NA/	MIDDLE	STEV	ENS LAS	ST
e medicole		VAS DECEASED EVER IN U.S. AR VES, NO GRUNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SECU E WAR OR DATES) 216-18-			930 Presid	All	Apt.	
vent, the	100 L	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT				ONSET AND DEATH			
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r ather tre		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ince of Int	Farcti	iòn		24	.Ks
injury, o	NOI	PART 2. OTHER SIGNIFICANT (	Meditors contributing to	DEATH BUT NOT RELATED		/ /	STASE	IN PART 1	O
Gws ony	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [	G CAUSES	NGS USED S OF DEATH? NO
em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			URY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	T OR PART 2)	
morked ar Item	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATIO STREET	N	CITY OR TOW	N	COUNTY	STATE
		22a.1 certify that (1) this hospi	otol) attended the deceosed from	O, and that in(my)	, 19 <u>7</u>	, to death accurred on the do	, 19 ite and hour o	nd fram the	thot(1)(we) last
T. If Hem		22b. SIGNATURE	M. Friend	DEGREE AT	TTENDING HYSICIAN	MEDICAL STAF	F IAN []	22c. DATE	SIGNED
IMPORTANT: If Item 21 is		Joseph A	1. Friend	22e ADDRESS /6/6	Fores	T Dr. K	hngo	lis V	nd
≦	23a. E	BURIAL, CREMATION, REMOVAL URTAL	23b. DATE 5-13-1980 AS	NAME OF CEMETERY OR C BURY BROADNE Emetery	REMATORY CK CHU	RCH CITY OR TOWN St. Mar		unty Man	ryland
6	24 FI	INERAL DIRECTOR		Annapolis,	Md25a DAT	E REC'D. BY REGISTRAR	25h	med	Ready

DHMH - 16 50M 1/7 (VR A 15 (4))

BP.

retained by the haspital or attending physicion.

TU BUA DE PERSONEL DE APRIL DE LE COMPANION DE LA COMPANION DE

_	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	(ME ) REG. NO	1428
(M)		CEASED NAME PIRST OR PRINT)	MIDDLE	Green	20. DATE OF DEATH	1ay 22 1980 1900 PM
ge 4 mg	3. SE)	Male	Cau	Dec. 13, 1895	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
nerol dir.	CI	RTHPLACE (STATE OR FOREIGN DUNTRY) <b>EXAS</b>	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH Arunde I MD.
by the fulled within		ty or town of death verna Park	11. NAME OF HOSPITAL, NURSIN  546 Heavitre	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF	
filled in ould be family be	13a S	AL RESIDENCE (IF NURSING HOME OR ITALE AND ANDE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)  NA 134 INSIDE CITY LIMITS?  NO	13. STEET 6 DRESS	vitree Lane
mpletely ond 2 sh	14 FA	THER'S NAME Verde	Green Green	15 MOTHER'S MAIDEN NA Minnie	Beile	
Pages 1		VAS DECEASED EVER IN U.S. AR. VES, NO OR UNKNOWN)			reen,546 H	ss Severna Park Jeavitree Lane,Md
s frot the death certificate ted by the ottending physicic blease remove corbon papers rial, cremotion, or removal: or other troumatic event, the		Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE  (b) VALVA A  DUE TO, OR AS A CONSEQUE  (c)	Failure r Heart Disea		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 Months
ne low require on. has been sign t permit. Then pere prior to bu ows any injury,	CERTIFICATION	19a. DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
G PHYSICIAN: 1 offending physici er this certificate the buriol-transi and Mental Hygi	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION	RED (ENTER NATURE OF INJUR	
Iby the hospital of a vice of the form of		22a. I certify though (this hospi	in view the body ofter death.	DEGREE ATTENDING	medical state	

DHMH - 16 50M 7/77

(VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL 24 Robbenter G. Beall Funeral on Homela 250. DATE REC'D. BY REGISTRAR'S STONATURE 250. ALL REGISTRAR'S STONATURE 250. DATE REC'D. BY REC'D. BY REGISTRAR'S STONATURE 250. DATE REC'D. BY REC'D.

23c. NAME OF CEMETERY OR CREMATORY June 4, 1980 West Point Cem. 23d LOCATION CITY OF TOWN POINT, New York

	48	Gec. 13, 189		
[ecc.]	Anne Aru	×	.A.2.0	Техөѕ
U.S. Arm	Rut. Col.	500.1	540 Heavitree	Severna Park
			varia 2 for an all ac	Apryland Ann
3n-1 591:	31783H 2HC	3454 60.	is at united 3 sever	mix short ter
O Neal	ic Belle	ngiM	Green Green 17-1355 577-42-5	Verde
O Neal	ic Belle	ngiM	Green 17-1955 577-42-5	Verde
O Neal	ie Belle Sreen, Ská Heav	Minn Minn 801 Sonia C.	Green 17-1955 577-42-5	Verde

Burial Jone 4,1980 west Point Cem. West Point, New York Robert G. Seall Funeral Honey Skykrkkomiolog Anapolis G., Bowle, Nr.

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HY BENE

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-			7.00	3

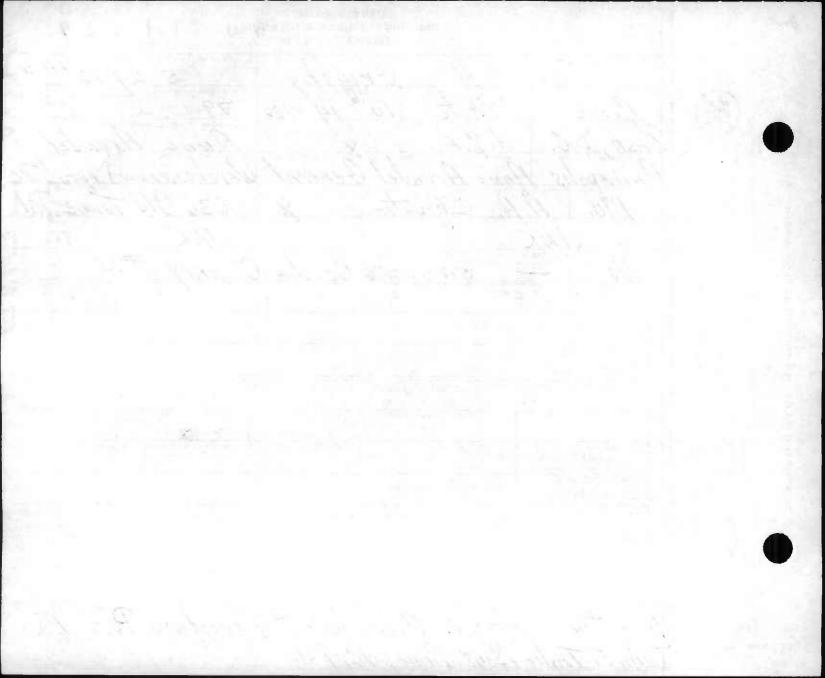
Ε.	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME TYPE OR PRINT)	DIE LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
L	VOHN /	1. GPIGSBY	3 2	480 1 M
3.	SEX Male 4. RACE	5. DATE OF SKTH  DAY  10  14  1900	6. AGE (IN YEARS LAST BIRTHDAY)  79  YRS.	MONTHS DAYS HOURS MIN
7a.	BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF W		9. BALTIMORE CITY OR COUNT	Y OF DEATH
16	UASh. D.C. U.S.	WIDOWED DIVORCED	HNNE 1	trundel MD.
10	CITY OR TOWN OF DEATH 11. NAME OF HO	OSPITAL, NURSING HOME OR OTHER INSTITUTION FACILITY GIVE STREET ADDRESS!	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12 KIND OF BUSINESS OR IFE) INDUSTRY
		HYUNGE GENEFA	Warehousemn	A PPASIOIC
1	11d. H.H.	SCHOOL 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 0/d	Towne Rd.
14	FATHER'S NAME FIRST	15. MOTHER'S MAIDEN NA	UNK	LAST
160	Sa WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (YES, NO OR JAKNOWN) (IF YES, GIVE WAR OR DATES)	66 SOCIAL SECURITY NO. 17 INFORMANT	O'LEARY 7	#/3
r	18. CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY:	nefor(o), (b), and g: 1 Levelul herent	w <sub>e</sub>	BETWEEN ONSET AND DEATH
1	IMMEDIATE CAUSE (a)	AS A CONSEQUENCE OF	J	
L	Canditions, if any, which (b)			
1	underlying cause last.	as a consequence of		
	PART 2. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO REATH BUT NOT RELATED TO THE TERM		
3	E Ceyelii	her freulnos tich	mi but dence	
100	190. DATE OF OPERATION 1166. CONDIT. 210. ACCIDENT WAS UNDERLYING 216. TIME OF	ION FOR WHICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO
1	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF	INJURY 21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)
13				
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE (AT HOME, STREET)	F INJURY ET, FACTORY, OFFICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	WHILE NOT WHILE AT WORK	121/22	120	80
	22a.   certify that (1) (this haspital) attended the saw the deceased alive on 2 4 abave, (1) (we) (did) (did not) view the body be	30 * 19 and that in (my) (our) opinion	death accurred an the date and ho	our and from the causes stated
L	22b. SIGNATURE	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
4	Jenn Ound	My ATTENDING PHYSICIAN		5/21/00
	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	8 EVENGAL	- ron nom sou	51 NA VAKE MED
71	GUNMA CHUARITY	23C NAME OF CEMETERY OF GREMATORY	1224-LOCATION /	0 1 21146 -1
17	PECIFY 5/27/	80 Ft. Lincoln lemeter	Krent wood	Rite Mid.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the hospital or otherding physician

storuments (DRECTOR) After this certificate has been ugaind by the attending physician and completely tilled in by the should be detacked for use or the burish trainit perint. Then please remove carbompapen. Pages 1 and 2 should be filed wit with the State Dept. of Health and Marral Hygiene prior to buried, coemation, or removal.

MADORTANT If hen 21 is marked or item 18 shows any



ter death

may be

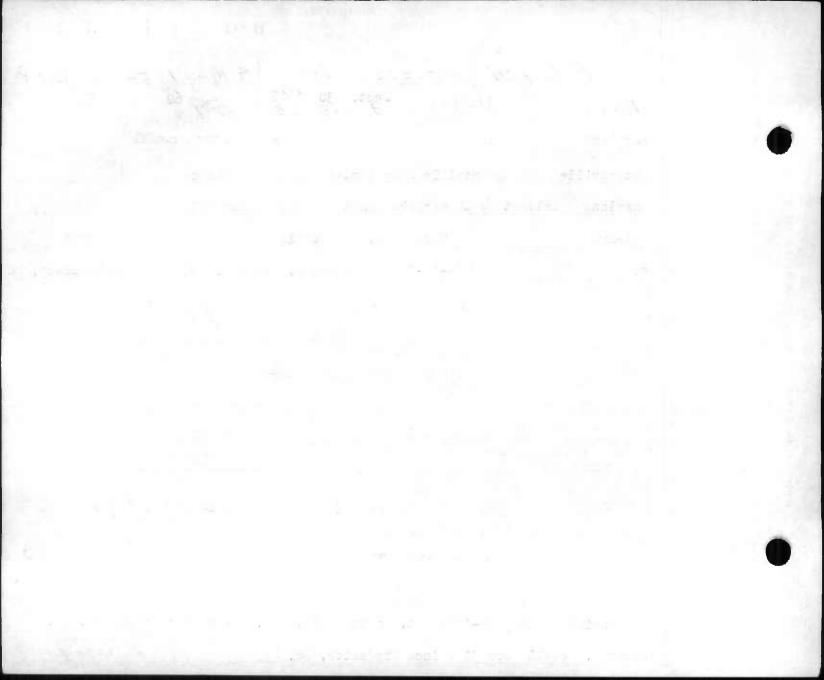
	1-	FOR - STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG.	NO.	4 3	0
H	I DE	CEASED NAME FIRST Edwi	,	Gre	55	Jr.	4 MAY	1980	DAY YEAR	10:05 Pm
	3 SE	Male	4 RACE NE	gro	5. DATE C	E. 30 1919	6 AGE (IN YEARS LAST B	/ -	MONTHS DAYS	
35	C	IRTHPLACE (STATE OR FOREIGN OUNTRY)  Maryland	76 CITIZEN OF W		WIDOWE		BALTIMORÉCITY Anne A	_	OF DEATH	MD.
106		Crownsville	(IF NOT IN SUCH	FACILITY, GIVE STREET	osp C	enter institution	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Farmer			OF BUSINESS OR
35	13a S		1TY	SIVE RESIDENCE BEFORE 13c CITY OR TOWN Chesapeal	N	ich 🗆 NO 🕱	Box 423			
exomin 10		Edward	MIDDLE	Gross	Sr.	15. MOTHER'S MAIDEN NAM FIRST Sophia	WIDDIE		Johns	AST Son
2	16a V	WAS DECEASED EVER IN U.S., AR YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	166 SOCIAL SECU 214-12-24		Eugene L. Gro	ADD SS Box 42		neake	Beach. Mo
injury, or ather troumons	NOI	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT (	DUE TO, OR	AS A CONSEQUE  AS A CONSEQUE  NTRIBUTING TO C	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART I	lia .
ans out	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		_	DINGS USED ES OF DEATH? NO
if Nem 21 is marked or Ifem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE AT WORK AT WORK  22a. I certify that M' (this hospi sow the deceosed alive an obove, (I) (we) (did) (did 22b. SIGNATURE	P M 21e PLACE O (AT HOME, STREI tal) attended the	FINJURY ET, FACTORY, OFFICE, F.	April on	21c. HOW INJURY OCCURR 21f. LOCATION STREET  19 dd that in (my) (aur) apinion o	CITY OR TO	DWN	COUNTY 19 9 0 r opd from th	STATE ,, that (1) (we) last
MPORTANI		11011	5DD14		K	CROWNSVIL	ORECTOR PHYS		· ERON	4/80 MSVILLE
-	(	BURIAL, CREMATION, REMOVAL SPECIFY) Burial UNERAL DIRECTOR	23b. DATE May 08-1	1980 St.		emetery or crematory onds Chr. Cem.	23d LOCATION CITY OR TOWN Chesapeal			
	ST	encer E. Sewell	1. Box 3:	Prince	Fred		.000	1	1	7

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in the should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retained by the haspital or attending physicion.

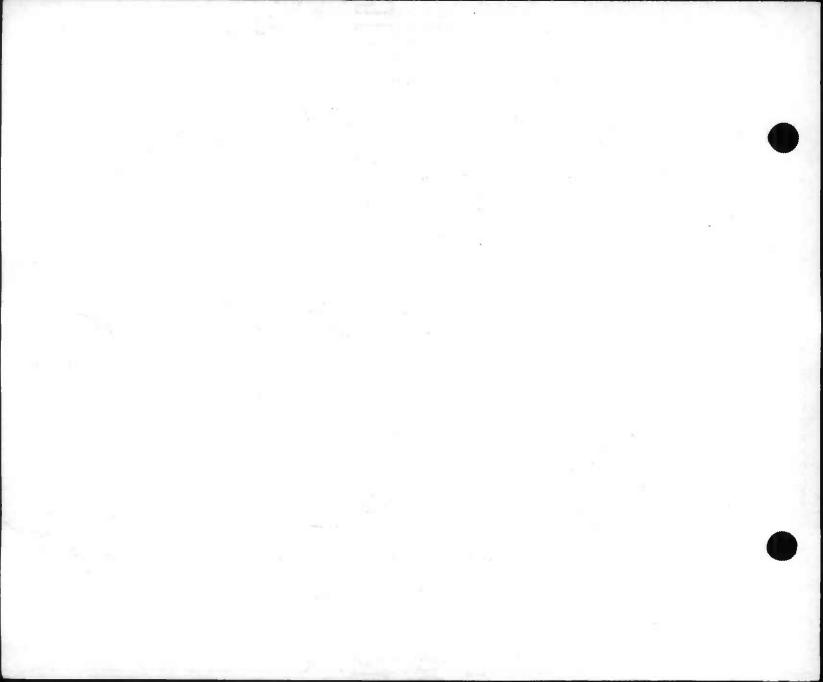


	Ŀ	FOR STATE REGISTRAR CEASED NAME FIRST	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 126 HOUR
4		OR PRINT)	MIDDLE			28 1100K
r deat	3. SE	Harry	T4. RACE	Hallock Is date of Birth	May 20, 1980	9:00a M
H.		male	Caucasian	October 31, 1905		MONTHS DAYS HOURS MIN.
Sonce.	7a. BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUP	
1 0 D	10 C	TY OR TOWN OF DEATH		WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	Anne Arundel	County MD.  126 KIND OF BUSINESS OR
illed wi		napolis	Anne Arundel Ge	ADDRESS Hospital	TYPE OF WORK FOR MOST OF WORKING	GLIFE) INDUSTRY. Construction
auld be f	13a S	STATE 13b COL		/N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
Should be should		ryland   Ann	e Arundel Annapo		315 Washington	Street
Sex O Sex	14. FA	THER'S NAME FIRST	MIDDLE	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
	16a V	VAS DECEASED EVER IN U.S. A	nas Halla		peth Address	Lee
. Pages I	(	(IF YES, GI	VE WAR OR DATES)		tte E.	
yol.		18 CAUSE OF DEATH (Enter of	inly ane cause per line far (o), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
emp		PART I. DEATH WAS CAUS	ATE CAUSE TO Respirato	ory failure		2 weeks
corb, or r		492-	DUE TO, OR AS A CONSEOU	ENCE OF		
ation		Canditians, if any, which gove rise to immediate	( b) Chronic I	oulmonary fibroempl	hysema	
cremother t		cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF	•	
0						
plea rrial, or a			(C)	DEATH DUT NOT DELAYED TO THE TER		0.0/5
then plear to burial, njury, or o	NO		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
burial burial ry. or	CATION			DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
Then plec r to burial injury, or	TIFICATION	PART 2 OTHER SIGNIFICANT		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
Then plec r to burial injury, or	AL CERTIFICATION	PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF D	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ental Hygiene prierr ta burral Item 18 shaws any injury, ar		PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	OPERATION WAS PERFORMED  21c. HÖW INJURY OCCUR	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
giene priat 1 hen plee giene priar ta burial shaws any injury, ar	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR 19 21f. LOCATION	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
rnal-transit permit. Then plec ental Hygiene priar ta burial ltem 18 shaws any injury. ar		PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 210. IN JURY OCCURRED  WHILE AT WORK AT WORK  220. I certify that (I) (1975/1983	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE.)	AY YEAR  19  216 HOW INJURY OCCUP  AY YEAR  19  216 LOCATION  STREET  APRIL 11, 1969	200 AUTOPSY? 20b. IF IN CEI YES NOW! RRED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO 18, PART 1 OR PART 2)  COUNTY STATE
rnal-transit permit. Then plec ental Hygiene priar ta burial ltem 18 shaws any injury. ar		PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (I) (MSXINS) saw the deceosed dive of obove, (I) (we) (did) (did)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE.)	AY YEAR  19  21c. HOW INJURY OCCUP  19  21f. LOCATION  STREET  April 11, 1969.  . ond that in (my) (year apinian)	200 AUTOPSY? 20b. IF IN CEI YES NOW! RRED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO 18, PART 1 OR PART 2)  COUNTY STATE
sched for use as the burial-transit permit. Then ples Dept. of Health and Mental Hygrene prior to burial f them 21 is marked at Item 18 shows any injury, ar		PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 210. IN JURY OCCURRED  WHILE AT WORK AT WORK  220. I certify that (I) (1975/1983	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, I) attended the deceased from May 20 1980 19	AY YEAR 19 216. HOW INJURY OCCUP 19 216. LOCATION STREET  April 11, 1969  . ond that in (my) (See opinion) DEGREE	200 AUTOPSY? 200. IF IN CER  YES NOW! IN CER  RRED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN  10 May 20 1  11 depth accurred on the date and leader an	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO 18, PART 1 OR PART 2)  COUNTY STATE
ached for use as the bunal-transit permit. Then ples t bept, of Health and Mental Hygiene prior to burial if them 21 is marked ar them 18 shows any injury, ar		PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 210. IN JURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE  220. I certify that (I) (1933) 33  Saw the deceosed alive or obove, (I) (we) (did) (did)  22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, IN MAY 20 1980 19 ALL view the bady offer death.	AY YEAR 19 216. HOW INJURY OCCUP 19 FARM. ETC.) 216 LOCATION STREET  APril 11 1969  . ond that in (my) (See opinion DEGREE  ATTENDING PHYSICIAN 2	200 AUTOPSY? 20b. IF IN CEI YES NOW! RRED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18. PART 1 OR PART 2)  COUNTY STATE  980, that (1) (XXXIOST haur and from the causes stated
d be detached for use as the burial-transit permit. Then ples the State Dept. of fleatht and Mental Hygiene prior to burial RTANT: If Item 21 is marked at Item 18 shaws any injury, ar		PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE  220. I certify that (I) (1933) 33  Saw the deceosed alive or obove, (I)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, IN MAY 20 1980 19 Let view the body offer deoth.)  OR PRINT	AY YEAR 19 216. HOW INJURY OCCUP 19 216 LOCATION STREET  ADRIL 11. 1969  . ond that in (my) (2000 aprinted approximately approxi	200 AUTOPSY?  YES NOW  YES NOW  TO CEITY OR TOWN  CITY OR TOWN  A May 20 1  Death accurred on the date and th	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18, PART 1 OR PART 2)  COUNTY STATE  280, that (1) (xxxlost haur and fram the causes stated  22c DATE SIGNED  May 20, 198
d be detached for use as the burial-transit permit. Then ples the State Dept. of fleatht and Mental Hygiene prior to burial RTANT: If Item 21 is marked at Item 18 shaws any injury, ar	MEDICAL	PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE AT WORK AT WORK  22a.1 certify that (I) (IMMINS Saw the deceosed alive a obove, (I) (we) (did) data  22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE  Charles W. Ki	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE.)  May 20 1980 19 gt view the body offer death.  OR PRINT]  In zer, M. D., P.	AY YEAR 19 216. HOW INJURY OCCUP 19 216. LOCATION STREET  ADRIL 11, 1969 ond that in (my) (www apinian DEGREE ATTENDING PHYSICIAN X 22e ADDRESS  A. 16 Murray A	200 AUTOPSY?  YES NOW IN CER  RRED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN  10 May 20, 1  11 depth accurred on the date and Industry In Item  MEDICAL STAFF  DIRECTOR PHYSICIAN   Avenue, Annapoli	YES, WERE FINDINGS USED  TTIFYING CAUSES OF DEATH?  YES NO 18. PART 1 OR PART 2)  COUNTY STATE  980 , that (1) (XXIost haur and fram the causes stated
uld be detached for use as the burial-transit permit. Then ples in the State Dept. of Health and Mental Hygiene prior to burial ORTANT: If them 21 is marked at Item 18 shaws any injury, ar	WEDICAL MEDICAL	PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE  220. I certify that (I) (1933) 33  Saw the deceosed alive or obove, (I)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, I May 20 1980 19 off yiew the bady offer death.  OR PRINT]  L 23b. DATE  23b. DATE  23c. 1  23c. 1	AY YEAR 19 216. HOW INJURY OCCUP 19 216 LOCATION STREET  ADRIL 11. 1969  . ond that in (my) (2000 aprinted approximately approxi	200 AUTOPSY?  YES NOW IN CER RRED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN  10 May 20, 1  11 death accurred on the date and of the december of the decemb	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18, PART 1 OR PART 2)  COUNTY STATE  P80 , that (1) (xxx)ost haur and from the causes stated  22c, DATE SIGNED  May 20 198  S. Maryland 2140  COUNTY STATE

M. Taylor & Sons Annapolis, MN

Sal monters, the is attack of 2 mar type. 1980 Cm. Canada Sura Santa Cm. Canada Sura Santa Canada Ca

1					STATE OF MARYLAND		0.49
B		1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	4 3 2
y be feeth 3			CEASED NAME John	MIDDLE	Harkness	20. DATE OF DEATH MONTH	3-80. HOUR -
ge 4 mo		1. SE	m	4 RACE	5. DATE OF BIRTH MONTH AND YEAR  YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NE	execute the certificate, writing the word "pending" in pencil in item 18. Give pages 1, 2, and 3 to the fur	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 F	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, W	after death, with the state department of health and mental hygiene, division of-vital records, 301 w. f	LANCHE AN ADVIANCE COLOR OF A PROPERTY OF A

	1	STATE OF MARYLAND	
	11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	7 7
		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9 9
-		ECEASED NAME FIRST AND MIDDLE LAST 20. DATE KNOWN MONTH DATE	AY YEAR 7b. HOUR
hande	(117	SAMUEL HERBERT HENDRICKS DEATH MATED 5 20	5 1980 AM
Z OWES	3. SE)		AY YEAR 2d, HOUR
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH-16 25M (VRA 15, 4) 1/79

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME FIRST 20 DATE OF DEATH MONTH DAY 2h HOUR (TYPE OR PRINT) ELSIE HENNINGSEN ERMA May 23, 1980 4 RACE # UNDER I YEAR IF UNDER 24 HRS 1 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS FEMALE WHITE 1898 July 81 YRS To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Anne Arundel County Maryland U.S.A. WIDOWEDIX 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Glen Burnie North Arundel Hospital Homemaker USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 113b. COUNTY 113c. CITY OR TOWN 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. A.A. Co. asadena 7947 E. Shore Rd. YES [ NO K 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE LAST George F Lehnert Sarah McQuay ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 9490 Franklin Henningsen same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per lips for (a), (b), and ic) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O DUE TO, OR AS & CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION Kime 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES -NO YES [ 21s ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (# EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21a PLACE OF INJURY STREET COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE AT WORK 220 1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive an Miles 27 abave, (1) (wa) (did) (did not) view the body after death. 1900 and that in (my) (aux) opinion death accurred on the date and haur and from the causes stated 226 SIGNATURE DEGREE 22L DATE SIGNED ATTENDING MEDICAL STAFF 1980 Comina Killeyulu PHYSICIAN A DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTLAND 21201	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.
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DHMH-16 25M (VRA 15, 4) 1/79

Hyattsville, Maryland

53		- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		ECEASED NAME FIRST E OR PRINT) EMMA	MIDDLE R.	HOWENSTINE	20 DATE OF DEATH MONTH 5	1-80 5:15
3	3. SE.		RACE White	S DATE OF BIRTH  MENTH  OAY  14, 1902	77 YRS.	IF UNDER 1 YEAR IF UNDER 24
e 15		PENN.	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY  ANNE ARUN	OF DEATH
t be not		CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE TEACHER, RET.	126 KIND OF BUSINESS INDUSTRY
The man	USU	JAL RESIDENCE (IF NURSING HOME OF STATE) 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)  134. INSIDE CITY LIMITS?  YES ON O	130 STREET ADDRESS 26 RIVER &	TRIVE
exa September 1		ATHER'S NAME GORGE	MIDDLE LAST WEBS		NO W NADDRESS	LAST
t, the me		WAS DECEASED EVER IN U.S. A IYES, NO OR UNKNOWN) I IF YES, GO	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 578 62	1115	ottel Same as #13	
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DEPARTMENT OF HEALTH AND MENTAL HYGHENE

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REGISTRAR			CERTIFICATE OF DEATH	REG. NO.	G. NO.		
I. DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	25 HOUR	
(THE ORPKINI)	RUTH	Moore	HUESTIS	MAY 15, 1980		11:55 %	
3. SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
Female		White	oct. 19, 1910	69 YRS	MONTHS DAYS	HOURS MIN.	
7a. BIRTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH		
Virgini	a	USA	MARRIED   NEVER MARRIED   WIDOWED	ANNE ARUNDEL	COUNT	Y MD.	

NO X

Virginia USA WIDOWED 10 CITY OR TOWN OF DEATH

E.

(IF NURSING HOME OR OTHER INSTITUTION

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ARUNDEL HOSPITAL

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Secretary

13e STREET ADDRESS

Civil Serv 1327 Howard Road

12b KIND OF BUSINESS OR

13a STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland AA GlenBurnie YES [ 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE

FIRST Eu1a Moore 166 SOCIAL SECURITY NO 17. INFORMANT

LAST MIDDLE Jones

160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) GIVE WAR OR DATES) None

- STATE

GLEN

USUAL RESIDENCE

BURNIE

Oscar

066.05.984 Mr. K. Frederick Huestis

Chester . Pa. West (son)

COUNTY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT

20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 9a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [ NOF 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M 19 LIFEITHER, NOTIFY MEDICAL EXAMINER)

21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE NOT WHILE AT WORK AT WORK

CITY OF TOWN

DEDIRECTOR PHYSICIAN

sow the deceased alive on. and that in (my) (bort-opinian death occurred on the date and hour and from the causes stated above, (1) (Wet (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING

22e ADDRESS PHYSICIAN'S NAME

22a.1 certify that (1) (this haspital) attended the deceased from

PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL COUNTY (SPECIFY) Buria1 19,80 Glen Haven Mem'1 May Hark Glen Burn

24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4))

Singleton Funeral Home, Glen Burnie, Md

STATE

STATE

HULLING HULLING HANDER COUNTY

ADDRESS HOLD HANDER COUNTY

ADDRESS HOLD HANDER COUNTY

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ADDRESS HOLD HANDER HOLD HANDER COUNTY

ADDRESS HOLD HANDER HA

A market was a see to be a

## STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 U	0.	4	STOP
1 DE	CEASED NAME	FIRST	,	MIDDLE	i.	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR P
,,,,,	CM PARTY	EDNA		L.		HUGHES	MAY 8, 19	80		9:50 M
3 SE	Х	4	RACE		5 DATE C		& AGE IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	
	Female		(auca	sian	NOV	4, 1892	87	YRS	1 1	HOOKS MIN.
	IRTHPLACE (STATE OR I	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	1	NEVER MARRIED	9 BALTIMORE CITY O	R COUN	TY OF DEATH	1000
1	Md.		U.S.A.		WIDOWE		ANNE ARU	NDEL	COUNTY,	MD.
10 C	ITY OR TOWN OF DE	ATH 11		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATI			OF BUSINESS OR
G	LEN BURNIE			ARUNDEL		ITAL	Matron		Dini	
13a :	AL RESIDENCE (IF HUR STATE Md.	135 COUNTY	Arubde	GIVE RESIDENCE BEFORE 131 SITY OR TOWN L Pasadeni	١ .	134 INSIDE CITY LIMITS? YES NO (1	13. STREET ADDRESS	eld F	Rd. 2112	2
14 F/	William	MID	DLE	Schellhas		15 MOTHER'S MAIDEN NA FIRST Katherine	MIDDLE		Arendi	.st
16a \	WAS DECEASED EVER YES, NO OR UNKNOWN]	(IF YES, GIVE W.		212-05-1		17 INFORMANT	yke Same as		40%	XIMATE INTERVAL
CERTIFICATION	Conditions, if any gave rise to imcause (a), stati underlying caus PART 2 OTHER SIG	mediate ng the e last MIFICANT CO	DUE TO, O		NCE OF	NOT RELATED TO THE TERM	TINAL DISEASE OR CON	206. IF Y	GIVEN IN PART 1 YES, WERE FINDI	INGS USED
TIF	100000						YES NO		YES	NO 🗆
	218. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH		FINJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 1:	8, PART 1 OR PART 2)	
MEDICAL	WHILE NOT WAT WORK	VHILE	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC ]	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	22a I certify that (I saw the decea above, (I) (we)	sed alive an		19	, at	nd that in (my) (aur) apinian	death occurred on the d	ate and h		, that (I) (we) last e causes stated
	726 SIGNATURE	IAME (UM)) H	Oe_			220 ADDRESS 325 H	MEDICAL STA DIRECTOR PHYSK Ospital Dri Burnie, Mar	ve, i	# 201	E SIGNED
23a.	BURIAL CREMATION	The second second	236. DATE 5/12	23c N	odlau	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	0	county	MSTATE
24 F	UNERAL DIRECTOR	Mounta	in & 7.	ick Neck	21122 Rds. T	asadena MA			STRAR'S STATE	Besterie

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

DHMH-16 25M (VRA 15, 4) 1/79

to the problem of the state of The product of the control of the control of and the second second

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather troumatic event, the medical examinermust be partified or prace.

death. Page 4 may be

FOR - STATE

## STATE OF MARYLAND

)	REG. N	10.	1	44	3	9
VE.	DEATH	MONTH	DAY	VEAD	21	HOL

	REGISTRAR				CERTIF	ICATE OF DE	AIR	REG	NO.			
	CEASED NAME	FIRST	MI	IDDLE	t	AST		20. DATE OF DEATH	H MONTH	DAY YEAR	2b. HOU	IR
1	CORPRINT)	Paul	S	teven	In	gram		MAY	10	1980	10:1	5 Am
3. SE	X		4. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER	24 HRS
	male		white			3/58	TEAR	21	YRS.	MONTHS DAYS	HOURS	MIN
7a. B	IRTHPLACE (STATE COUNTRY)	OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	B.	D NEVER MA	ARRIED 🔽	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH		
	napolis,	1d.	USA		WIDOWE		ORCED	Anne	Arundel	L Co.		MD.
10. €	ITY OR TOWN OF	DEATH		OSPITAL, NURSIN			IUTION	12a: USUAL OCCUP		12b. KIND C	F BUSINE	SSOR
M	lillersvi]	lle	1120	Indian L	andin	g Rd.		none			ne	
13a.	AL RESIDENCE (# N STATE Md.	13b COUN A . A	CO.	GIVE RESIDENCE BEFORE 13r. CITY OR TOWN Miller	SVILL		NO 🔯		ss ndian I	Landing	Rd.	
14. F.	ATHER'S NAME Marvin		MIDDLE	LAST		15. MOTHER'S	RST	MIDDI	E	1AS		
			Leyland	Ingr		17 INFORMAN	therin		ronica	Men	gele	:
	WAS DECEASED EV YES, NO OR UNKNOWN) NO		WAR OR DATES)	218-84-						1.2-		
-	T					rugen	e V. I	ngram sa	me as 1	13e.	Trace The	NAME OF THE PARTY
13	PART I. DE ATH	ATH (Enter and WAS CAUSE	ly ane couse per li D BY:	ine for (a), (b), one	(c).)	1//10	1/11	of ih	151	BETWEEN	MATE INTER	DEATH 2
	1010	IMMEDIAT	E CAUSE (o)	jeue	rul	ince	Tue	effin	- 1		14	
10	186	/	DUE TO, OR	AS ACONSEQUE	NCEOF	tim	Co	1. let	Alin	a		-
-	Canditians, if a	immediate	(b)	No.		1		1	Da			
1.0	cause (a), sto		DUE TO, OR	AS A CONSEQUE	NCE OF	1/4	DUAL	rilled 1	July	6 -		=
	PART 2 OTHER S	IGNIFICANT (	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERMI	INAL DISEASE OR CO	ONDITION GE	VEN IN PART 10	0.)	==
NO	THE STREET	io in carri		141111111111111111111111111111111111111	24111		O IIIE TEKIKI	WAL DISEASE ON C.		A CONTRACTOR		
CERTIFICATION	HE DATE OF OFE	RATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	GS USE	D
TIF	4//	5/80	00	a les	111	11e-		YES NO		ES [	NO [	
	218. ACCIDENT WAS			INJURÝ 1. MONTH DA	Y YEAR	21c HOW INJ	URY OCCURR	ED LENTER MATURE OF	NJURY IN ITEM 18,	PART 1 OR PART 2)		
₹ S	(IF EITHER, NOTIFY ME		P.M		19							
MEDICAL	21d. INJURY OCC		21e PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION	7	CITY OR	TCTgN	COUNTY	ST	TATE
1	AT WORK AT	WORK		/					1	d		
	22a.1 certify that		L LI I H	decraption_	-		. 19	, to	<i></i>		that (I) (v	
		eased alive at e) (did) (did to	t) view the book a	atter death.			our) opinion o	death occurred an th	e date and ho			ated
1	226. SIGNATURS	a h	1000	100	,	DEGREE	TENDING _	MEDICAL S	TAFF	22c. DATE	SIGNED	1-
1 9	E	11	le	eng	-	W/ PH	YSICIAN E	DIRECTOR   PHY	SICIAN	0	12	180
	PAYSICIAN'S	HUG	5MU	upo	2	22e. ADDRESS	13	Odell	2/1	Wal al	lelle	6
23a.	BURIAL, CREMATIC	N, RMOVAL	73b. DATE	231	TAME OF C	EMETERY OR CR	EMATORY	23d. LOCATION		COUNTY	STA	ATE
	Burial		5/12	/80 Oi	ir La	dy of I	Fields		ersvill			
24. F	UNERAL DIRECTOR	?	111	ADDRESS			25e. DATE	REC'D. BY REGISTR	AR 25b. REC	RAR'S SIGNAT	Y/F ]	
Hai	rdesty Fu	neral 1	Home 12	Ridgely A	Ave.	Ann Md	MA	X 1 2 198	J	77/1/		7

DHMH-16 60M 1/73 (VR A 15 (4))

1900 F LYDY

nding physicion and completely filled in by the ficorbanpapers. Pages 1 and 2 should be filed with

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

PHYSICIAN: The low offending physicio

OR ATTENDING

TO HOSPITAL

etoined by the haspital

BP.

should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or IMPORTANT. If them 21 is marked an Item 18 shows ony injury, or other traumatic

injury, or other troumotic event, the medical

pernied

## STATE OF MARYLAND

1.	STATE REGISTRAR		EALTH AND MENTAL HY	REG. NO	114	9 0
1. DE	NAG GIE	CAFTER J	OhNSON	20 DATE OF DEATH A	26-1980	1130 M
3. SE	7	Veoro Showing	T. 27-/88		MONTHS DAYS	IF UNDER 24 HRS
7a B	IRTHPLACE STATE OR FOREIGN 7b (COUNTRY)	CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWEI	9 4	9 BALTIMORE CITY OF	TOUND	le L MD.
10,6	IT NAPOLIS	NAME OF HOSPITAL, NURSING HOME O	HOSB-	120 USMAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
	AL RESIDENCE IN HURSING HOMY OF OTH STATE 13b CAINTY		YES NO -	130 STREET ADDRESS	thrille	Are
2	DALLES MODE	CAFTER	ELIZA	bethiodie	HAWK	1/NS
	WAS DECEASED EVER IN U.S. ARMED		7 CASS	110 GAS	KINS 94	East S
	18. CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE C	tandes	e arre	it	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF				
2	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF				
NO	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	minal disease or cond	ITION GIVEN IN PART 10	0
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FIND IT IN CERTIFYING CAUSES YES	
	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (I) (this hospital) saw the deceased alive on	TAVE TO COM	d that in (my) (aux) opinion	death occurred on the dat		that (I) ( <del>we)</del> lost couses stated

DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d. PHYSICIAN'S NAME

22e. ADDRESS

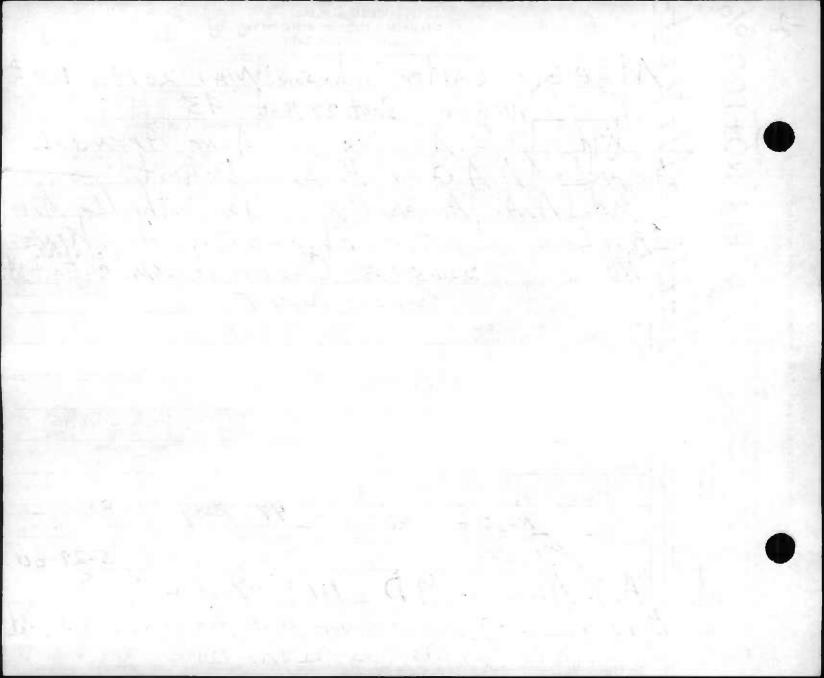
23a BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/76 (VR A 15 (4))

ELWERAL DIRECTOR

22b. SIGNATURE

1980



3,000	1-	FOR STATE REGISTRAR	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

73		1 0		
U		64	9	
	REG. NO.			*

١		REGISTRAR				CERTIF	ICATE OF DEA	TH	REG.	NO.		
ł	1. DEC	CEASED NAME OR PRINT)	FIRST		MIDDLE		AST		20. DATE OF DEATH		DAY YEAR	2b. HOUR
ı	(TIPE C	CKA	RLES	- 6	PRADO	ock -	ONES		1	Eny	24 1980	4:30 M
1	3. SEX	4	-	4. RACE		S. DATE C		YEAR	6. AGE (IN YEARS LAST	HRTHDAY)	MONTHS DAYS	# UNDER 24 HRS HOURS MIN.
ı	,	Male	100	ill.	ite.	Mon		889	91	YR		HOURS MIN.
		RTHPLACE (STATE OR FO	DREIGN	L CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	D NEVER MARI	RIED 🗆	9 BALTIMORE CITY	OR COU	NTY OF DEATH	
2	/	Pecrland		4.5	. A.	WIDOWE			Hone	141	rundel	MD.
	10. ⊂IT	Y OP OWN OF DEA	TH		HOSPITAL, NU		OR OTHER INSTITU	TION	120. USUAL OCCUPA			F BUSINESS OR
	Sei	verna far	K	3 Bo	one i	reil			Builder -	Lour	er Cons	t. 7. Ins.
	USUA 130. ST	L RESIDENCE (IF NURSI	136 COUN		GIVE RESIDENCE		13d. INSIDE CITY L	IMITS?	13e. STREET_ADDRES	s		
2	1	10.	A.	A.	Seven	10. Pork	YES NO	中	3 Room	16.10	ail.	
1	14 FA	THER'S NAME	M	NDDLE	LAST		15. MOTHER'S MA	AIDENNAM	MIDDLE MIDDLE	230	LAS'	Ť
4		Charle-	5	D.	Van	25	Ani	rie.	2.	5	Fevers	
1		(AS DECEASED EVER	IN U.S. ARA	MED FORCES?		SECURITY NO.	17. INFORMANT		ADE	PRESS	40246	Belle Grovet
1	,	No			-		C. Bras	dock	Jones	Jr.	- Batto	21225
1		18 CAUSE OF DEATH	H (Enter onl	y one couse per	line for (a), (b	1, and (c1.)					BETWEEN C	MATE INTERVAL DISET AND DEATH
		PART I. DEATH W		E CAUSE (a)	(bnl:	ミナノレミ	N3ART	FAIR	WAZ	THE	248	
		4299		DUE TO, O	R AS A CONSI	OUENCE OF					u.	
		Conditions, if any,		(b)_	ASC	. 11)					Un	
		gove rise to imm couse (o), stoting	g the	DUE TO, O	R AS A CONSI	EQUENCE OF						
		underlying couse	last.	(c)								
1	7	PART 2 OTHER SIGN	NIFICANT C	_		TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CO	NOITION	GIVEN IN PART 10	>1
4	CERTIFICATION	10	me	FAILL					To autonova	Too. If	VEC MEDE EINIDA	I OC LICED
7	ICA	190. DATE OF OPERAT	TION	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN CE	RTIFYING CAUSES	OF DEATH?
2	RTIE				E B LUIDV		In How him	V 0 6 6 1 1 1 1 1	YES NO		YES 🗌	ио 🗌
		OR CONTRIBUTING		11b. TIME O HOUR A.		DAY YEAR	ZIC HOW INJUK	YOCCURRE	ED (ENTER NATURE OF IN	JURY IN ITEM	(18, PART 1 OR PART 2)	
d	MEDICAL	(IF EITHER, NOTIFY MEDICA		Ρ.		19	211. LOCATION					- 121CH 7
ò	MED	21d. INJURY OCCURR		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	STREET STREET		CITY OR	OWN	COUNTY	STATE
		AT WORK LAT WO	RK -					-75-	to 1) france	-		
		220.1 certify that (1) saw the decease		6-1	9 .	- W		r) opinion d	eath occurred on the			that (I) (we) last
	13	above, (I) (we) La	id) (did not	view the body			DEGREE	, оринон а	edin occorred on me	GOIC OILG	22c. DATE	
		220. SIGNATORE	RI	0 -			ATTE	NDING		TAFF	7/	7
4		22d. PHYSICIAN'S NA	AME (TYPE OF	ADDIN(T)		- 10	PHY:	SICIAN	DIRECTOR   PHY	SICIAN	1 7/3	,
		1.1-1		SRN			THE ADDRESS					
	02 6	N FUN	25415	Leat Bire		12. NIA/45 OF 1	EMETERY OR COST		23d. LOCATION			
	230. B	URIAL, CREMATION,	KEMOVAL	23b. DATE		ZJC. NAME OF C	EMETERY OR CREA	MATORY	CITY OR TOWN		COUNTY	STATE
	24 E11	Derra I		10.21	1.80	Lorre	ine fork	250. DATE	REC'D. BY REGISTA	AR 25h REC	GISTRAR'S SIGNAT	(IRE
	29 70	DIMME	- 7		ADDRES	501 K	tchie the	MA	17 % 8 1380		S. J. J. J. J. J. A.	
	1	10000	5.0	RAMAN	60	Severno	- Mark					

BP\_\_\_

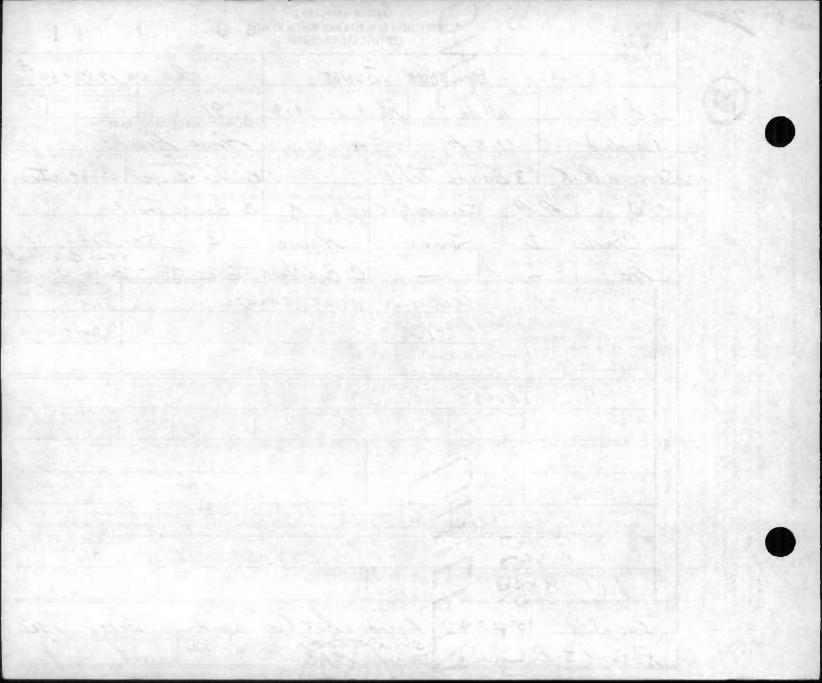
DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbampapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

retained by the hospital or attending physician.

IMPORTANT: If hem 21 is morked or frem 18 shows ony injury, or other troumotic event, the medical eron



# TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLACE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 18M, 18M, GAGE 5. AND 3.10 THE FHERALD INEGING A DECEMBER OF THE PROPER OF THE PLACE 5. FOR TOLIN PAGE 5. FOR TOLIN DIVISION OF VITAL RECORDS, 301 W PRESTON ST., BALTIMORE, MD. 21201

BP.

DHMH - 17 (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
MEDICAL EXAMINER'S CERTIFICATE OF BEATH	

REG. NO.	4 2
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	1-	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								4 2	
		CEASED NAME FIRST		DWARD	Jan	105		DATE KNOWN OF ESTI- DEATH MATED	MONTH 5	DAY YEAR 21 2'2 1980	D M
	3. SEX	MW		YEAR LAST BIRTHDA	MONTHS D	YR. IF UNDE	MIN PR	DATE ONOUNCED DEAD	MONTH 5	12 ,80	P <sub>M</sub>
5		RTHPLACE (STATE OR PREIGN COUNTRY)  IARYLAND	76. CITIZEN OF WHA		MARRIED WIDOWED	NEVER MARI	RIED 🔲	GANE A	y or count	e L	MD.
3	14	NUBPOLIS	HANC !	TAL, NURSING HOME THE STREET ADDRESS) THUNGE!	gene	. /		OCCUPATION ( ST OF WORKING LIFE)	TYPE OF WORK	12b. KIND OF BUSIN OR INDUSTRY	
5	MA	AL RESIDENCE (IF IN NURSING HOME ITALE ITA	OR OTHER INSTITUTION, GIVE R	LOTHIAN	13d. I Ye:	NSIDE CITY LIMITS?	tok 76	ADDRESS 9 Bayard	l Road		
20	14. FA	CHARLES	MIDDLE	JONES	15. A	MARY	DEN NAME	MIDDLE	MONT	GOMERY	
1	16a. V (Y	VAS DECEASED EVER IN U.S. AR	1444 0 OR D 4755)	166. SOCIAL SECURITY 214–18–877		A MAE J	ONES 7	69 Bayar		Lothian,	Md.
	NO	PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last.  PART 2 DTNER SIGNIFICANT CONDITIONS	TE CAUSE (a)  DUE TO, OR AS  (b)  DUE TO, OR AS	A CONSEQUENCE C		NDITION GIVEN IN P	PART I (a).	···		Land	- -
32	IFICATI	19a. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPER	ATION WAS PE	RFORMED?			-	20. AUTOPSY?	40 M
5	MEDICAL CERTIFICATION	21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  27a. I certify that I took charge	DEATH P.M.  21e. PLACE OF STREET, FACTOR	AONTH DAY YEAR  19  INJURY {ATHOME, y, FARM, ETC.}			C	URE OF INJURY IN ITEM	COL	RT 2)	STATE
ادر د		ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)	Snaedh Linhareo		cide .	Hamicide	Undetern	AL EXAMINER	DATE SIGNE	0 5-22-	90
		urial, cremation, removal URTAL	736. DATE 5-27-1980	ADAMS CH			Lot	hian	A.A.	Maryl and	
		UNERAL DIRECTOR ILLIAM REESE &	sons Mortu	Appapelis,	Md.	250. DATE	- 1	GISTRAR 256. RI	STRAR'S S	Charles	

Franklik Here Franklikensenk del creditor for berget tit trul to see Still Still Sugarette 1911 - Deporter - - 200 miles ments are the main and the sales A SALE OF THE PROPERTY OF THE PARTY OF THE P

## STATE OF MARYLAND

DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	9	. NO.	4	4	3
	LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
CHR	Keith		5	18	80	
	5 DATE OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY	IF UND	DERTYEAR	IF UNDER 24



FOR STATE

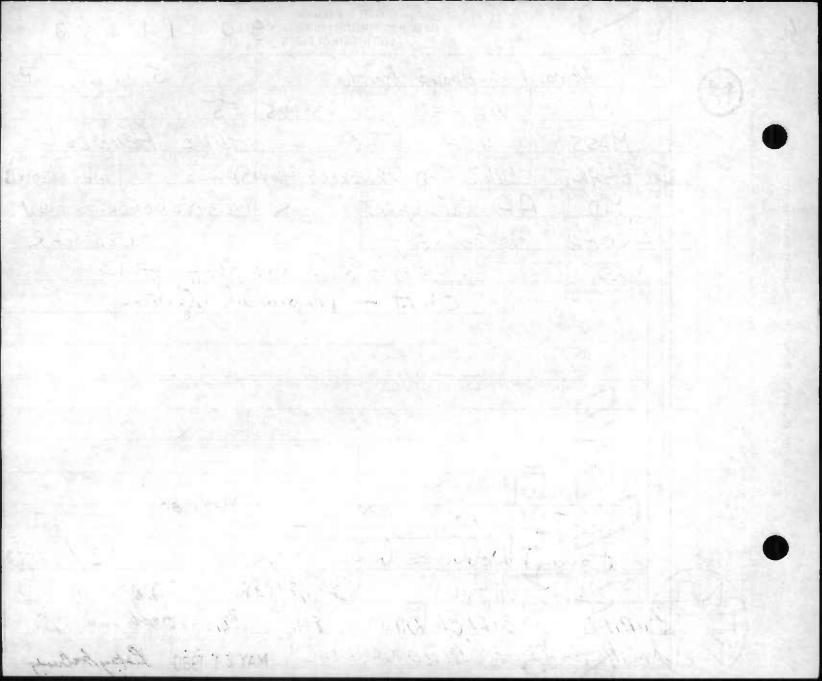
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OR ATTENDING PHYSICIAN: The he hospital or attending physician

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DHMH - 16 60M 1/75 (VR A 15 (4))	h

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		0520 Ruth	King b	EI HAPDRES	# 13	
A CAUSE OF DEATH (Enter only o	one cause per line for cap rbg. or	Mc \	10	0 0	APPS SETWE	DRIMATE INTERVAL EN ORIGET AND DEATH
PART I DEATH WAS CAUSED I	CVA	J - Yn	weards	& when	lea	
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Conditions, if any, which		ENCE OF			0	
gave rise to immediate		ENCLOS				
underlying cause last	Stern Date and seem and desirable and	ENCE OF				
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226 SIGNATURE A	1 (()	DEGREE	a company of the same	Name of the last	27s. DA	TE SONED
Alown V	Westren	In - AT	TENDING MED			115/80
224 THYSICIAN'S NAME ITYMEORIE	m, 11/	27g-ADDRESS	1/	11	1	
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STANKEY	121 SA 12 180 B	NAME OF CEMETERY OF CE	PEDRAL REMATORY 231	Stro	Swell and L	is. MD
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STATE OF MARTLAND				
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CERTIFICATE OF DEATH				1
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	1-	STATE REGISTRAR		DEPAKIN		ICATE OF DEATH	REG. N		ere en	ż
		CEASED NAME FIRST OR PRINTED TO SERVICE OF THE PRINTED TO SERVICE OF T		zinia	Kling	verbung .	2a. DATE OF DEATH	MONTH DA	1980	26 HOUR
	3. SE)	Female	4 RACE	sian	S DATE O	DE BIRTH 1895	6 AGE (IN YEARS LAST BIR	_	FUNDER : YEAR	IF UNDER 24 HRS HOURS MIN.
5	CC	RTHPLACE (STATE OR FOREIGN WARY)	76 CITIZEN OF V	A.	MARRIE WIDOWE	D NEVER MARRIED DED TO DIVORCED	Anne A		OF DEATH	A MD.
	-	en Bunnie	AA (IF NOT IN SUCH	OSPITAL, NURSIN HEACHTY, GIVE STREET, LANDER	G HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	ION OF WORKING LIFE)	126 KIND ( INDUSTRY	OF BUSINESS OR
2	Mas	ruland fine	Arundel	GIVE RESIDENCE BEFORE  GLEN BUR	N .	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 927 Stone	ey (nee		ve 21061
1		Walter Lo	MIDDLE	Isaac		15. MOTHER'S MAIDEN NA	Elizab	eth	G'n	reen
	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	261-36-1	245A	Mrs. Lydia	Bolander ADDR	Same o	-	
		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per ED BY: TE CAUSE (a)	line for (a), (b), one	فرر	eed in	#		Α .	XIMATE INTERVAL LONSET AND DEATH
		Conditions, if any, which gove rise to immediate cause to, stating the underlying cause lost	DUE TO, OR	AS A CONSEQUE		SCUD			20	Jean.
	NOIL	PART 2. OTHER SIGNIFICANT (	CONDITIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	ainal disease or con			
	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION F			OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES		NGS USED S OF DEATH?
Ì		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	ET I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE OF NOT WHILE OF NOT WORK	21e PLACE C (AT HOME, STRE	OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (this hospi sow the deceased alive on	Bose	12 198	<b>20</b> , or	nd that in (my) (🛶) opinion	deoth occurred on the d		_	that (I) (we) lost couses stated
		12h SIGNATURE CLASS	DB	Dece	e	DEGREE ATTENDING PHYSICIAN [	MEDICAL 5TA		22c. DATE	SIGNED
		22d. HYSICIAN'S NAME (TYPEO	R PRINT)	MISTE	m	SYON	OLD C	cur	702	0
	(S	URIAL, CREMATION, REMOVAL Burial	23b. DATE May 5, 1	1000	acela		23d. LOCATION CITY OR TOWN	Das	de.	Florida
	Mc Mc	Cully F.H.Mtn.	& Tick A	leck Rds.	; Pasa		e rec'd, by regištrar Y 5 1980	25b. REGISTR	AR'S SIGNAT	Cready .

BP.

DHMH - 16 50M 1/76 (VR A 15 (4) )

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the futured darks should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or ather troumatic event, the medical exam

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

etained by the hospital or attending physicion.

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	0	
	REG.	NO

6 AGE (IN YEARS LAST BIRTHDAY)

MIDDLE

20 DATE OF DEATH

).	1	1 4	AS6
HINOM	DAY	YEAR	2b HOUR
5	27	1980	5:37PM

IF UNDER 1 YEAR

1	-	FOR STATE REGISTRAR
		EASED NAM

medical

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IMPORTANT: If Item 21 is

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this

DIRECTOR

FUNERAL

should be with the 0

PHYSICIAN:

CERTIFICATION

MEDICAL

AT WORK

22b. SIGNATURE

offer

REGISTRAR			CERTIFICAT	LOIDEAIN
DECEASED NAME	FIRST	WIODLE	LAST	
YPE OR PRINT)	Kurt	Paul	Kuenze	el Sr.
SEX	4 RAC	E	5 DATE OF BIRT	
Male	C	aucasian	May 2	O. 1911
BIRTHPLACE (STATE O.		ZEN OF WHAT COUN	TRY? 8 MARRIED	NEVER MARRIED
Yermany.	u.	.S.A.	WIDOWED	DIVORCED
CITY OR TOWN OF D			JRSING HOME OR OTH	IER INSTITUTION
Glen Burni	e N.	Arundel Ho	OAD.	

-6	20. 7977			09		YRS.		
NA	NIEUGD III ADDIGO	9 BA	ALTIMORE	CITY	OR	COUNTY	OF DE	ATH
A	NEVER MARRIED		1	1		1 /		
	DIVORCED		Anne	MA	un	del		

Anne Arundel 12b. KIND OF BUSINESS OR **INDUSTRY** ORK LOR MOST OF WORKING LIFE) mpont moloued

Iside Rd. 21122

1.00.00.00.00			
SUAL RESIDENCE (#	NURSING HOME OR OTHER INSTIT	TUTION, GIVE RESIDENCE BEFORE AD	MISSION
a STATE	13h COUNTY	130 GITY OR TOWN	
Md/	Anne Arun	del Pasadena	
FATHER'S NAME			
PIRST ,	MIOOLE	LAST,	
Bernha	and and	Kuenzel	

15 MOTHER'S MAIDEN NAME Meta

17 INFORMANT

Lucknen ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 140

IMMEDIATE CAUSE

PART I. DEATH WAS CAUSED BY

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

APPROXIMATE INTERVA

Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR 💋 NOITION GIVEN IN PART 110

	190 DATE OF OPERATION 5/27/80
-	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER)
	21d. INJURY OCCURRED  WHILE NOT WHILE

196. CONDITION FOR WI	HICH OPERAT	ION WAS PER	REORMED
Reptired	Abol.	Actic	Anem
The OF INITIARY		101 1101	LINITED OF

WAS PERFORMED	20a AUTOPSY?	20
+ B	/	11
ric Macroysa	YES NO	
		_

b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO [

21a, ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
(IF EITHER, NOTIFY MEDICAL EXAMINER)
21d. INJURY OCCURRED

AT WORK

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19 21e PLACE OF INJURY

( AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY STATE

that (I) (we) last

22a 1 certify	that (l)	this ho	ospital)	attended	the	deceased	from_
saw the				12	7	feer dooth	_19_

and that in (my) (aur) op DEGREE

211 LOCATION

STREET

ATTENDING

**PHYSICIAN** 

niar	death occurred	an the d	ate and	hour	and	from the	couses	stated
NG.	MEDICAL	STA	FF _		1	2c. DATE	SIGNE	D

CITY OR TOWN

DIRECTOR PHYSICIAN

Constantere	Toadon
224. PHYSICIAN'S NAME (TYPE OR PRINT)	DO OVER C

22e ADDRESS

Constantine	1	0 810000	-0	
BURIAL, CREMATION, REMOVAL SPECIFY BURIAL		1 DATE 1/1980		r Cemetery OR C

23d. LOCATION
CITY OR TOWN
Raltimon.
Davano re.

COUNTY STATE

DHMH -	16	50M	1/76
/VP	A 1	5 (4)	)

Western (emetery 24 FUNERAL DIRECTOR lick Nock

25a. DATE REC'D

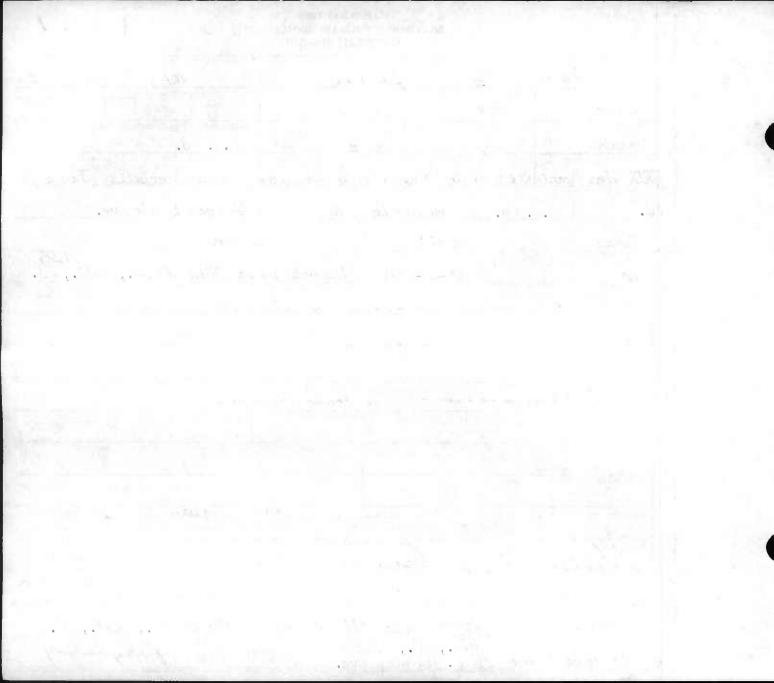
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# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the haspital ar attending physician

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 000	EACED MANAGE	FIRET		AIDOLE	CERT	FICATE OF DEATH	REG. I		0.11	
	(TYPE C	EASED NAME OR PRINT)	TE/EN	Ë	AIDDLE	LA	MAR	20. DATE OF DEATH		8 80	2b. HO
	3 SEX	Female	4.	RACE White		5. DATE	OF BIRTH 11/1895  YEAR	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	
97		THPLACE ISTATE OR FOUNTRY)	DREIGN 7b	CITIZEN OF V	WHAT COUN	NTRY? 8. MARR WIDOV	ED NEVER MARRIED	9 BALTIMORE CITY A.A. (0	OR COUNTY	Y OF DEATH	
90	10. CIT	Y OR TOWN OF DEA	ornie N				OR OTHER INSTITUTION CONSIDERCENT CENTE	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	TION	FE) INDUSTR	OF BUSIN
35	130 ST	L.	136 COUNTY	HER INSTITUTION,	13c CITY OF		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS		Ave.	
(()		Henry		DOLE	Deeri	. 4	15 MOTHER'S MAIDEN N	Inknown MIDDLE		ι	AST
	16a W (YE	AS DECEASED EVER ES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W	ED FORCES? AR OR DATES)	220-2	22-7149	Ellsworth Le	Man 3812	8th St		2122 t., M DXIMATE INTE N ONSET AND
		cause (a), statin	g the	DUE TO, OR	AS A CON	SEQUENCE OF					
mory, or on		underlying cause PART 2 OTHER FIGN	last.	(c)	)NTRIBUTIN	G TO DEATH BU	IT NOT RELATED TO THE TERM	MINAL DISEASE OR COL	NDITION GIV	VEN IN PART	l(a)
G G G G G G G G G G G G G G G G G G G		underlying cause PART 2 OTHER FIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTIN	G TO DEATH BU	IT NOT RELATED TO THE TERM SURJEMENTS CLE ON WAS PERFORMED	MINAL DISEASE OR COI  200 AUTOPSY?  YES NO	20b. IF YE	VEN IN PART  S, WERE FIND FYING CAUSE ES	INGS USE
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## TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral dishould be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at once. requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or ottending physicion.

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REG	NO				

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1		CEASED NAME FIRST	MIDOLE	LAST			AONTH DAY	YEAR	2b. HOUR
i	(TYPE	Samuel	Lo	martina		7 - 7	980	1-	м
	3. SEX		4. RACE	5. DATE OF BIRTH	The second secon	6. AGE (IN YEARS LAST BIRTH	IDAY) IF UN	HS DAYS	IF UNDER 24 HRS
	1	Male	White	Jan 2	3, 1898	82	YRS.	15 OATS	, , , , , , , , , , , , , , , , , , ,
	7a. BIF	RTHPLACE ,(STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	V50 44 400 50 [	BALTIMORE CITY OF			
1	CC	Italy	U.S.A.	MARRIED NE	DIVORCED 💆	Anne Aru	ndel (o	•	MD.
5		ty or town of death	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET)		INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE)	2b. KIND O NDUSTRY	F BUSINESS OR
£	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUN Anyland A.		ville 13d. INS		13e. STREET ADDRESS	d Road		
7	14. FA	THER'S NAME Antonio	MIDDLE Lamart		Concetta	WIOOFE		Biar	ica
	16a. W	VAS DECEASED EVER IN U.S. AR res, notor unknown) (IF yes, GIVI			mas J. Lam	nartina Sun	set Bed	lan k	asadena
									MATE INTERVAL ONSET AND DEATH
	-	couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO		ATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN I	N PART 1(c	0)
2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	G CAUSES	
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D		W INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CATION	CITY OR TOW	N C	COUNTY	STATE
		iow the deceased olive on above (1) in e I did 1 and no 771. SIGNATURE	ew the body ofter death.	5 - 3 ( SO , and that in DEGREE	ATTENDING	eoth occurred on the do	F	**	
		211 PHYSICIAN'S NAME (TYPEC)	Diles To	- MD 32		Drive, Gle		e, M	d. 21061
	(5	BURIAL, CREMATION, REMOVAL Burial	M T 1000 N	NAME OF CEMETERY	OR CREMATORY	Baltimpre	cou	NTY Md	STATE
		JNERAL DIRECTOR	L Home of Brookl	CO CURTIFIED	MO. 250 DATE	Y 5 1980	256 REGISTRAR	SSIGNAT	Credy

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per phone with Funeral Home STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

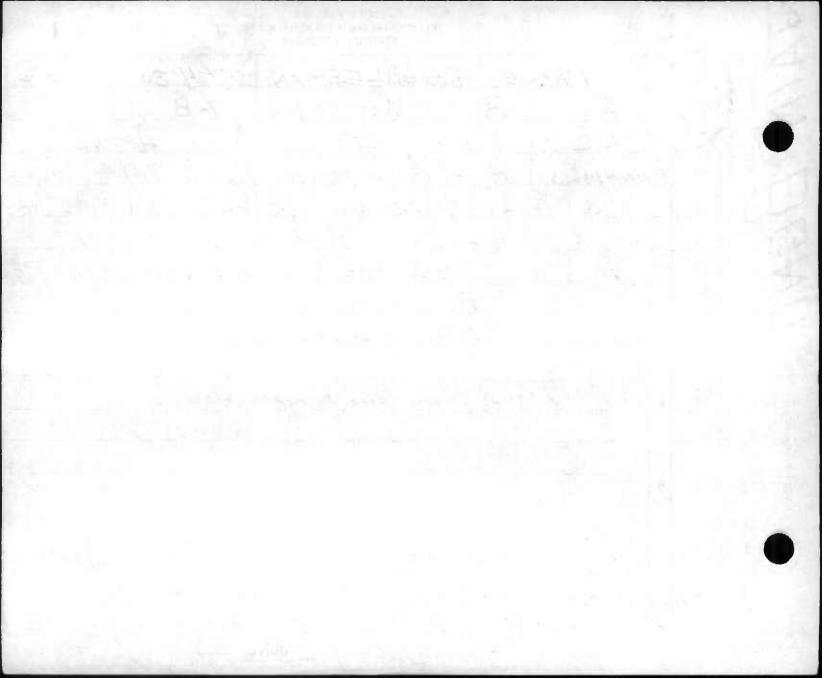
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- STA			FOR STATE REGISTRAR	DEPA	RTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	21	5DSQ
			CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR	26. HOUR
9 75		(Tree	Elizab	eth O.	Lashe	r	May 25.	1980	11:00PM
may may		3 SE	x _ /	4 RACE	5. DATE C		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
4 ali	19		temale	Caucasian	MONTH 2	2 - 92	88 YR	MONTHS DAYS	HOURS MIN.
P. P.	1	7R B	RTHPLACE (STATE OR FOREIGN	TE CITIZEN OF WHAT COUNT	RY?	□ NEVER MARRIED □	9 BALTIMORE CITY OR COU	NTY OF DEATH	
desi nem	61		NEW YORK	U.S.A	WIDOWE	. /	Anne Arundel	County	MD.
ofter ne fu	9	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		ROTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		OF BUSINESS OR
by the	504	G	len Burnie	North Arund		pital	Nurse - Ret		
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d with	X	14. F/	ATHER'S NAME	MIDDLE LAST	1	15 MOTHER'S MAIDEN NA	WE	М	AST
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exec and co		160	VAS DECEASED EVER IN U.S. AR	WAR OR DATES!		17 INFORMANT	ADDRESS		
e be ex an and Pages	t, the		No	008-12	2-9965	Patricia	E. Madoo - S		-
cert ng ph nn pa	natic even		PART I. DEATH WAS CAUSE	lly ane cause per line far (9), (b), D BY. E CAUSE (a)	and icid	fibrilla fu	or & Vende	SETWEEN 44	XIMATE INTERVAL I ONSET AND DEATH
endin carbo	Lan	50	1333	DUE TO, OR AS A CONSE	OUENCE OF	1000 119	in jugal squ	2-7	
the c e atte ove natio	one		Conditions, if any, which gave rise to immediate	(b)	1980)	will Hea	Go Faull	40	1
ed by ease re rial, cr	Iry, or or		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	Fru	Cting Ca	A Cinoma Sign	nord Cot	<del>0</del> en
law requ	alli killing	TION	Cho	o-mic o	Costa	u Avve be	IMAJOR CONDITION	ileal	2
	Swows o	CERTIFICATION	10 - 22-80	OUSTRUC	ting (	of cingany of		YES, WERE FIND! RTIFYING CAUSE: YES []	
YSICIAN physician. s certificat al-transit p ental Hygi	7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2]	
DING PH ttending After this s the burith	marked	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21st PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENI ital or at iCTOR: or use as of Heali	1 2 4		220.1 certify that (1) (this haspi	tal  attended the deceased fro		d that in (my) (aur) apinian	, tadeath occurred on the date and	, 19, haur and fram the	, that (I) (we) last e causes stated
by the hosp by the hosp ERAL OIRE detached f State Dept.			276 SIGNATURE Udaya Elias	Eagra Ras Su	stora	DEGREE ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR   PHYSICIAN	5	26/80
HOSPITA ined by th FUNERAL uld be deta the State	- I		224 PHYSICIAN'S NAME (TYPE O	R PRINT)		22R ADDRESS 300	South Hanov	er Stre	eet #210
TO HOSP retained by TO FUNE should be with the \$	5 /		U. Rao Sunk	ara, M.D.		Balt	timore, Maryl	and a	21230
To reta	2	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 2	Jr. NAME OF C	EMETERY OR CREMATORY	236 LOCATION	COUNTY	STATE
BP		C	remation	5/27/80	Securi	ty Process	Catonsvill		
DHMH-16 29 (VRA 15, 4) 1			uneral director ames S. Kirk	ADDRESS		25e. DAT	PRECID BY REGISTRAR IS TO PERFORM	BTBAR'S SIGNA	Creody
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# executed within 24 hours after death. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital ar attending physician.

	1 -	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIEDE () REG, NO.	5
sorth 3	1. DEC	CEASED NAME FIRST OR PRINT)	NIDOLE ROMA	BULEEMAN!	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1	3. SE)		1 RACE	5. DATE OF BIRTH	6 AGB (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN S.
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14	A	NNA POLIS	(IF NOT IN SUCH FAULITY, GIVE S	SING HOME OR OTHER INSTITUTION PT ADDRESS)	120 USWAL OCCUPATION LYPPOF WORK FOR MOOT OF WORKING	G LIFE) 126 KIND OF BUSINESS OF
filler in nould be	13a S	Mal H	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY 130 EUY OR TO	ACRNA YES NO	13 STREET ADDRESS OL	d MILL Rd
ompletely and 2 st examine	TA FA	THER'S NAME FIRST	MIDDLE	15 MOTHER'S MAIDEN N.	4/XP MIDDLE A	obetts
. Pages I	16a V	VAS DECEASED EVER IN U.S. AR ES, NO OKUUKNOWN) (IF YES, GIV	RMED FORCES? 16b. SOCIÁL SE E WAR OR DATES) 218-2	2-823 (1/4/	Les LEEMAN	SAMEAS 131
by the ottending physici ase remove carbonpoper il, cremation, or removal. other troumatic event, th		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEC	iitie Duence Of L'Albonnies l'Un	uèus.	APPROXIMATE INTÉRVAL BETWEEN ONSÉT AND DEATH
t. Then plec ar to bura y injury, ar	TION	PART 2. OTHER SIGNIFICANT	reuse decise		braseleraxie.	GIVEN IN PART 1(0 YES, WERE FINDINGS USED
reate has be ransit permit Hygiene pri	CERTIFICATION	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	ICH OPERATION WAS PERFORMED		RTIFYING CAUSES OF DEATH? YES NO NO
nding plans certiff buriol-t Mental ar ttem	MEDICAL CE	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE	ATH HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	CITY OR TOWN	COUNTY STATE
pital ar atter TOR: After the for use as the of Heolth and 21 is morked		22a I certify that (I) (this hosp	ital) attended the deceased from		, ton death accurred on the date and	, 19, that (1) (we) lar
by the host ERAL DIREC se detached State Dept. ANT: If Item		Cley Ley	Musur		MEDICAL STAFF DIRECTOR   PHYSICIAN	5/24/80.
etained by the TO FUNERAL should be det with the State		22d PHYSICIAN'S NAME (TYPE O	J. CIRKSENA	22e. ADDRESS 1623 For	REST DA. ANNI	Afacis, 4D.
BP	23025	BURIAL, CREMATION, REMOVAL	23b. DATE 5-29-80	32. NAME OF CEMETERY OR CREMATORY	ANNAPOL	COUNTY A MATE
H - 16 50M 1/76 VR A 15 (4))	24. F.	INERAL DIRECTOR	STATE ADDRESS	polis-Md 30	N 5 1980	GISTRAR'S SIGNATURE



STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low retained by the hospital or attending physician.

of once.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the two should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical examiner must be eatified in

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY GENE

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FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGENE O REG. NO.	4 5 3 <sub>EDT</sub>
I. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
GEC	RGE Gibson	n LEPPER	MAY 26, 1980	1/34
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR A SAUGHE LEHIS
Male	White	July 30, 1914	65 YRS.	MONTHS DAYS HOURS MIN
70. BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT	
Maryland	U.S.A.	WIDOWED DIVORCED	ANNE, ARTINDE,	L COUNTY, MD.
GLEN BURNIE		ING HOME OR OTHER INSTITUTION DELESS HOSPITAL	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Wireman Asser	126 KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 135 COU Ann 14 FATHER'S NAME	er other institution, give residence bero INTY 134. CITY OR TO LeArunde 1 Glen	WN 134 INSIDECITY HANT	111 Bonnier	view Road
Clarence H	enry Leppe	FIRST	Blanche	Waddell
160 WAS DECEASED EVER IN U.S. A (YES. NO. OR UNKNOWN) (IFYWO)	RMED FORCES? THE SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS Sa	
	rean 216-07	-8364 Mrs. Ha	zel M.Lepper	(wife) 13
18. CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUS		Tiela go	Decen 20	BET WEEN CHOSE AND DEATH
Conditions, if any, which	DUE TO, OR AS A CONSTA	USOCUD (	with	year a)
gove rise to immediate cause (a), stating the underlying call	DUE TO: OR AS A CONS	But Aril	Resleva	(Austrees)
PAR 2 OTHER SIGNIFICANT	ABILLY A	DEVELOPED TO THE	terminal disease or condition g	IVEN IN PART 110
THE DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING	IN CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \( \text{NO} \)
00.000.000.000.00		DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	, PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. IN JURY OCCURRED	21s. PLACE OF INJURY 14T HOME, STREET SACTORY, OFFICE	FARM STEEL SHOW SEET	CITY OF TOWN	COUNTY STATE
	nital attached the deceased from		, to	our and from the soles stated.
TE SIGNATURE	Aut 6	DEGREE ATTENDIN PHYSICIA	N DIRECTOR PHYSICIAN	m. Dark SIGNED
22d PHYSICIAN SMAME Anastacio	/	22e ADDRESS 79		/
	(5)	G1		land, 21061
230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
24 FUNERAL DIRECTOR SINGLETON FUN	miles	25q	MAY 2 8 1980	A A Md

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90.18		3 SE			4 RACE		5 DATE O		YEAR	AGE (IN YEARS L	AST BIRTHDAY)	IF UNDE	DAYS	IF UNDER 24 HRS
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empletely and 2 sha	020	14 FA	O'Neil		MIDDLE	LeVasse	ur	15. MOTHER'S M. FIRST	ST	MI	DOLE	Pε	elle	tier
and co	1	16a. V	VAS DECEASED EV		MED FORCES? WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	17 INFORMANT			ADDRESS			
Pag.			No					Helen I	LeVas	seur -	Same		_	
y the attending physic remove carbon paper cremation, or remove conditions or remover or the transmatic events and the contractions or the transmatic events are supported to the contractions or the contractions of the contract			PART I. DEATH  Canditions, if a gave rise to icause (a), sto underlying cal	IMMEDIAT ny, which mmediate iting the	E CAUSE (o)	PAS A CONSEQUER AS A CONSEQUER AS A CONSEQUER	-ca	Jeren	tal	orie	namm Cell	en e	RIWEENC	MATE INTERVAL DISET AND DEATH
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is certificat ial-transit p lental Hygi			21a. ACCIDENT WAS OR CONTRIBUTING [	CAUSE OF DEA	TH HOUR A		AY YEAR	21c. HOWINJUR	RY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM I	8, PART I OR	PART 2)	
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. 1 66 5 —		23a E	URIAL, CREMATIO	N, REMOVAL				METERY OR CRE		23d. LOCATIO	/N	COUNTY	r	STATE
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OHMH-16 25 /RA 15, 4) 1,			ames S.	Kirk:	ley	Glen Bu	rnie,	MD	JUN	REC'D. BY REGIS		17	19440	ready
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Mary Matilda Linthicum  3. SEX  4. RACE  5. DATE OF BIRTH  MONTH  DAY  YEAR  7. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  7. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARRIED   NEVER MARRIED   P. BALTIMORE CITY OR COUNTY OF DE.  WIDOWED   DIVORCED    10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, CIVE STREET ADDRESS)  1. SEX  4. RACE  5. DATE OF BIRTH  MARRIED   NEVER MARRIED   P. BALTIMORE CITY OR COUNTRY OF DE.  WIDOWCED   DIVORCED    12. USUAL OCCUPATION (TYBFOF WORK FOR MOST OF WORKING LIFE) IND	EATH
Mary Matilda Linthicum   Mary Marked   Marked Mar	FOO 41/574  ER 1 YEAR IF UNDER 24 HI DAYS HOURS MIT  EATH  O.  KIND OF BUSINESS OUSTRY  UN HOME  R.  LASI
3. SEX  4. RACE White White  76. BIRTHPLACE (STATE OR FOREIGN COUNTY OF DE AND ACCOUNTY OF DE COUNTY OF DE COUNTY OF DE AND ACCOUNTY OF DEACH	DAYS HOURS MIT EATH O.  KIND OF BUSINESS OUSTRY UN HOME  RS
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 MARRIED   NEVER MARRIED   NEVER MARRIED   NAME OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   170. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)   10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   170. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)   170. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)   130. COUNTY   130. CUTY OR JOWN   130. MOTHER'S MAIDEN NAME   150. MOTHER'S MAI	KIND OF BUSINESS OUSTRY  UN HOME  RD.
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, OR STREET ADDRESS)  131. STATE  132. CITY OR TOWN  133. INSIDE CITY LIMITS?  134. INSIDE CITY LIMITS?  135. STREET ADDRESS  136. STREET ADDRESS  137. MODILE  14. FATHER'S NAME  15. MOTHER'S MAIDEN NAME  15. MOTHER'S MAIDEN NAME  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)  17. INFORMANT  18. CAUSE OF DEATH LEnter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH LEnter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  18. CONCHOPNE UMON  DUE TO, OBAS ACONSEQUENCE OF  Conditions, if any, which  gove rise to immediate	KIND OF BUSINESS OUSTRY  WN HOME  RD.
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136 STATE 1 136 CUTY OR JOWN  LINCHICUM 136 INSIDE CITY LIMITS?  136 STREET ADDRESS  137 MO D  137 MOTHER'S MAIDEN NAME  PREST  14 FATHER'S NAME  15 MOTHER'S MAIDEN NAME  PREST  16 WAS DECEASED EVER IN U.S. ARMED FORCES?  (1F YES, NO OR UNKNOWN)  16 CAUSE OF DEATH IEnter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF the Caudeau and the consequence of the conditions, if any, which gove rise to immediate  18 CAUSE OF DEATH IEnter only one cause per line for (a), (b), and (c)  Conditions, if any, which gove rise to immediate  18 CAUSE OF DEATH IENTER ONLY ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ONLY ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ONLY ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ONLY ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ONLY ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ONLY ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ONLY ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ONLY ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ONLY ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ON A CAUSED BY:  18 CAUSE OF DEATH IENTER ON A CAUSED BY:  19 CAUSE OF DEATH IENTER ON A CAUSED BY:  19 CAUSE OF DEATH IENTER ON A CAUSED BY:  19 CAUSE OF DEATH IENTER ON A CAUSED BY:  19 CAUSE OF DEATH IENTER ON A CAUSED BY:  19 CAUSE OF DEATH IENTER ON A CAUSED BY:  19 CAUSE OF DEATH IENTER ON A CAUSED BY:  19 CAUSE OF DEATH IENTER ON A CAUSED BY:  19 CAUSE OF DEATH IENTER ON A CAUSED BY:  19 CAUSE OF DEATH IENTER ON A CAUSED BY:  19 CAUSE OF DEATH IENTER ON A CAUSED BY:  19 CAUSE OF DEATH IENTER ON A CAUSED BY:  19 CAUSE OF DEATH IENTER ON A CAUSED BY:	RD.
TAMES  ALFRED  ERLAST  ORNELIA  160. WAS DECEASED EVER IN U. S. ARMED FORCES? (167 YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OB-AS ACONSEQUENCE OF  Gove rise to immediate  Conditions, if any, which gove rise to immediate	TO STAC
(YES, NO OR UNENDAM)  (SOT  (SOT	120111 -3
18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a)  DUE TO, OB AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate	as # n) 13
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P	3 deya Yeara -
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PERCENTION OF PRACTICAL PROPERTY OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PERCENTAGE  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  YES NO YES YES YES  210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY  210. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR I	E FINDINGS USED CAUSES OF DEATH? NO [
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH	J. 77 [6]
WHILE AT WORK NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  270.1 certify that (h) (this hospital) attended the deceased from sow the deceased alive an obove, (h) (we) (did) (did nat) view the bady after death.	), that (I) (we)
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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the haspital or ottending physician.	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Foger 4 retained by the haspital or ottending physician.
TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funcial distributions should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 to math the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
IMPORTANT: If Item 21 is	marked or frem 18 shows any injury, or other troumatic event, the medical examiner must be natified at once.
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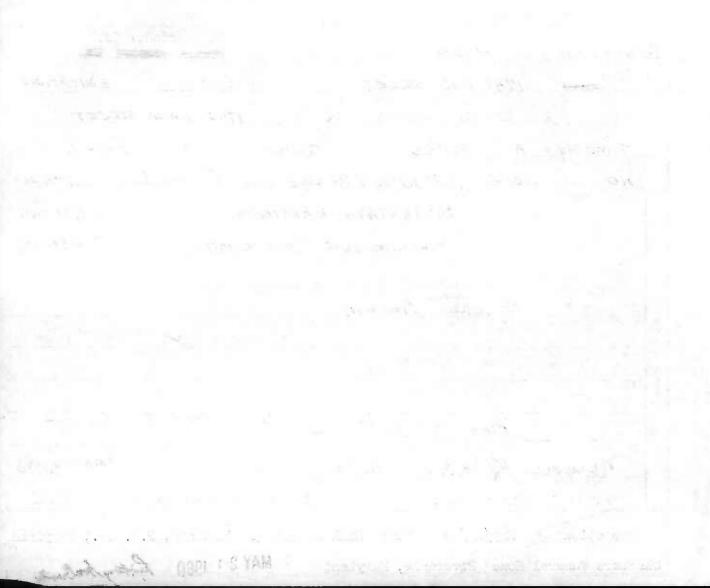
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYERRIE ()

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1-	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YEERE O	4 5 6
I. DEC	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH D.	AY YEAR 26 HOUR
(TYPE)	TWILI	9 M.	LINVILLE	May 13. 1980	8:00/
3 SEX	(	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR		FUNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
	Female	White	8 16 25	54 YRS	DNIHS DATS HOURS MIN.
60	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTE	MARRIED X NEVER MARRIED L	BALTAMORECITA POR GOLETY	CO.
	TY OR TOWN OF DEATH	U.S. 74	WIDOWED DIVORCED [	Primue Appara	ME
od Cr	rofton	(IF NOT IN SUCH FACILITY, GIVE STA	REET ADDRESS) TREET	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  Professor	126 KIND OF BUSINESS OR INDUSTRY  EDUCATION
35 130. S	MD Ann	ROTHER INSTITUTION GIVE RESIDENCE SE NTY 130 CITY OR TO	OWN 13d INSIDE CITY LIMITS?  Ofton YES  NO	1740 DANA ST	reer
14 FA	TIMOTHY	A. JONES	15 MOTHER'S MAIDEN N FIRST	MIDDLE	BAUER
			ECURITY NO. 17 INFORMANT	INVILLE 1740 DANA:	
2 SHE	Conditions, if ony, which gove rise to immediate couse a), stoting the underlying couse lost.	DUE TO, OR AS A CONSECT OF THE CONTRIBUTIONS CONTRIBUTING TO CONTRIBUTIONS	DUENCE OF  OUENCE OF  OUENCE OF  TO DEATH BUT NOT RELATED TO THE TE  DIEM/A  ICH OPERATION WAS PERFORMED	RMINAL DISEASE OR CONDITION GIVE	WERE FINDINGS USED ING CAUSES OF DEATH?
MEDICAL	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this hasp sow the deceased alive an above, the (we) (did) (did no	ital) attended the deceased from	ond that in (my) (our) opinion	on death occurred on the date and hour	
	22d. PHYSICIAN'S NAME (TYPE O	RPRINT)	DEGREE  ATTENDING PHYSICIAN  1726 ADDRESS	MEDICAL STAFF DETRECTOR PHYSICIAN	MAY 13,1980
1	Norman K. B			erior Lane, Bowie,	MD 20715
(SI	URIAL, CREMATION, REMOVAL Cremation JNERAL DIRECTOR	May/19/80	NAME OF CEMETERY OR CREMATOR Cedar Hill Cremato	Y 23d. LOCATION CITY OR TOWN	Co. Maryland
	ambers Funeral	Home Riverdal		MAY 2 1 1980 P	by holist

DHMH - 16 50M 1/76 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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executed within 24 hours ofter

ATTENDING PHYSICIAN: The low requires that the deoth certificate be

etoined by the hospital or attending physician.

TO HOSPITAL

#### FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7.5		REGISTRAR		CERTIFICAT	E OF DEATH	REG.	NO.	1000	Ŋ	
		CEASED NAME FIRST	WIDDLE	LAST		2a DATE OF DEATH		DAY YEAR	2b. HOUR	DS
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	3. SE	MALE	WHITE	5. DATE OF BIRTI	5 1980	6. AGE (IN YEARS LAST	BIRTHDAY) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN	
96 ouce		IRTHPLACE ISTATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED	NEVER MARRIED  DIVORCED	9 BALTIMORE CITY ANNE AI	RUNDE	L COUNT		MD.
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E Ser pe	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR OTH	ER INSTITUTION GIVE RESIDENCE BEFO	POLIS YES	NO []	7270	IARK	EN I	R.	
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e medico		WAS DECEASED EVER IN U.S. ARMED YES, NOOR UNKNOWN) (IF YES, GIVE WAI		4-3154 E	HMA LOC	PARDÍ	PRESS # 1	3		
otic event, the		18 CAUSE OF DEATH LEnter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C	94141	unua	Lung	Z		BETWEEN	MATE INTERVAL ONSET AND DEAT	H H
other froum		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last	(b)	UENCE OF				40		
njury, or	NO	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO	DEATH BUT NOT R	ELATED TO THE TERM	NAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	a l	
2 2	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS	PERFORMED	20a. AUTOPSY?	IN CERT	ES, WERE FINDI		
dem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.		OW INJURY OCCURR	ED (ENTER NATURE OF II	NJURY IN ITEM 18.	, PART 1 OR PART 2)		
orked or I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		OCATION STREET	CITY OR	TOWN	COUNTY	STATE	
21 is mo		22a. I certify that (I) (this hospital)	5-24-90 19		in (my) (our) opinion o	to to	dote and ha		thor(1) we) I couses stoted	ost
H Hen		29h 51G3 698 MW	Danall	MOGRE	ATTENDING PHYSICIAN		TAFF SICIAN	22c. DATE	SIGNED 75 80	
MPORTANT.	A 150	226. PHYSICIAN'S NAME (TYPE OR PRI CHARLES R. M		1 . D . 22e. /	ADDRESS 325 F	BURNTEL	BRIY	EAND 20	<sup>4</sup> 2106	51
_	A.	PRIAL CREMATION REMOVAL I	5/28/80 7	HILCEL HILCEL	RY OR GREMATORY	HUVA	whis	Coffee A	MATE DE	

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	ECI	-	AL	BUR	S	ż
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	X	CER	5	5	3	AR
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY	execute the certificate, writing the word "pending" in pencil in item 18. give pages 1, 2, and 3 to 1	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. WETAIN FAG	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILE	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL HECONDS-30	BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
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	10	EXI	Ad	5	AF	BA

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		CEASED NAMI	e PIRST Quint	on E	arl	L	oucks		OF ESTI- DEATH MATED	MONTH	3 19 8	20. 1100K
3	ma	_	4 RACE White	5. DATE OF BIRTH Feb. 28,	1953 2	(IN YEARS IF UN BIRTHDAY) MONT			DATE DNOUNCED DEAD	монтн 5 3		0 3:34
83	70. BIF	THPLACE (5'	TATE OR	76. CITIZEN OF WH		8. MARR WIDOW	ED NEVER MA	RRIED XXX 9. B	Anne Ar			
4	G1	YORTOWN Len Bur	nie	11. NAME OF HOSI UF NOT IN SUCH FAC North AT	unde l'Co	oun ty	er institution	12a USUAL FOR MOST	OCCUPATION (1 OF WORKING LIFE) R.S. ag	ent	Civil	BUSINESS ISTRY Serv
35	USUA 13a. ST	ATE MD	(IF IN HURSING HOME O	R OTHER INSTITUTION, GIV TY	lia CITY OR TO Glen Bi	urnie	13d. INSIDE CITY LIMITS	? 13e. STREET	ADDRESS 006 Pri	ncet	on Ter	race
20		THER'S NAME GEORG		MIDDLE H.	Loucks		15. MOTHER'S MA  Cris  17. INFORMANT	IDEN NAME	MIDDLE A.	S	Stanle	
1	(YE	NO OR DINKHO	(IF YES, GIVE V	y ane cause per line	217/62	2/9692	Mr. Geo	orge H.			ather)	AATE INTERVAL
HEALTH AND MENTAL HYGIE REMATION, OR REMOVAL.	NO	gave ris cause (a) lying cau	ns, if any, which se to immediate stating the <u>under-</u> ise last.	(b)	AS A CONSEQUE  AS A CONSEQUE	NCE OF	E DR CONDITION GIVEN IN	PART 1 to				
BURIAL, CRE	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION W	AS PERFORMED?				2D. AUTOP	SY?
3	CAL	UNDERLYING CONTRIBUTII 21d. INJURY C		210 PLACE C	OF INJURY (AT HO	DME, 21f LO	cation Ave.SW	in auto		ollis	ion	STATE .
シス			fy that I taak charg ed fram: 1 Ng/Or	e of the remains descond causes ,	ribed abave, held	d an Autap Suicide	y XX Inspec Hamicide IIIILE (SPECIFY) DASSISTAT	, Undetermi	nquiry , ned manner	and in my a ], DATE SIGN		/80
BALTIMORE, M		EXAMINER'S (TYPE OR PRII	NT)	Hormez R.				1 Penn	Street,F	Balto.	,MD 21	201
	(SI	Buria:		May 80		Haver	Mem Pk	Gle	n Burn:	ie	AA SIGNATURE	STATE MD
)		NAME	1 your	eral Hom	e, Gler	n Burn		017	980	Priton	Stalze	de

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 50M 1/76 (VR A 15 (4))

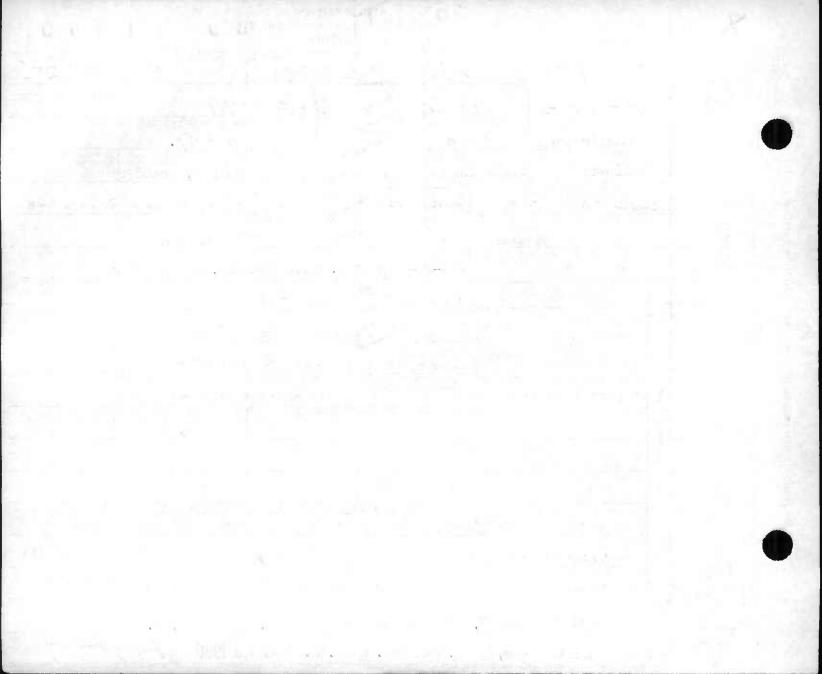
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

	FOR STATE REGISTRAR		STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO		5 9 DST
	CEASED NAME FIRST	TDVTNC	LOVING, SR	MAY 2		26 HOUR 9:00
3. SE	JOHN	IRVING 14 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH		
	Male	White	12/27/1912	67	YRS.	DAYS HOURS MIN
	rthplace (state or foreign	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF	UNDEL CO	
G	LEN BURNIE	(IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR OTHER INSTITUTION VE STREET ADDRESS) INDEL HOSPITAL	120 USUAL OCCUPATIO	WORKING LIFE) 12b. KI	ind of Business of Stry Pet
USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	ATY A. Sev	CE BEFORE ADMISSION) DR TOWN PARKS NO PO	13 STREET ADDRESS	on Road.	
14. F	ATHER'S NAME UNKN.	MIDDLE LA	15. MOTHER'S MAIDEN N  Unkn.	IAME MIDDLE		LAST
	WAS DECEASED EVER IN U.S. A		L SECURITY NO. 17 INFORMANT -09-454 Nancy M	ills Loving		е
	Conditions, if any, which	DUE TO, OR AS A CON	NSEQUENCE OF			
FICATION	4275	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  CONDITIONS CONTRIBUTION		20m AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA	FINDINGS USED
NCAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause 10', stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  19b CONDITION FOR Y  HOUR A.M. MONT  P.M.	NSEQUENCE OF  NG TO DEATH BUT NOT RELATED TO THE TER  SEME WHICH OPERATION WAS PERFORMED  TH DAY YEAR  19		20b. IF YES, WERE F IN CERTIFYING CA YES [	FINDINGS USED AUSES OF DEATH? NO
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		1.	STATE REGISTRAR	DEPA		CATE OF DEATH	REG. N	0	4 6	0
μ 19			CEASED NAME DORI	MIDDLE	LA	Lowe	20. DATE OF DEATH	5-3	YEAR 26.	HOUR O
ge 4 may	)	3. SE		White	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UI		UNDER 24 HRS
ath. Pog	15	7a. B.	RTHPLACE (STATE OR FOREIGN DUNTRY) Pennsulvania	76 CITIZEN OF WHAT COUNTR	MARRIED WIDOWEI	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	AAF
s after de	90		TY OR TOWN OF DEATH	17. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVESTE HAMMONDS LANE	SING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPAT	ION OF WORKING LIFE)	26 KIND OF BUINDUSTRY	JSINESS OR
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quires that the death certif signed by the attending p hen pleose remove corbang o burial, cremotian, or rem	jury, or ather troumatic eve	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DE TO, OR AS A CONSECTION OF THE CAUSE (D)  DUE TO, OR AS A CONSECTION OF THE CONSECTION OF THE CONSTITUTION OF THE CONDITION OF THE CONDITION OF THE CONDITION OF THE CAUSE OF THE CONDITION OF THE CAUSE OF THE CAU	DUENCE OF ELI		E LABA YNDROME	DITION GIVEN I		
an. hos been t permit. T	ows ony in	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI			20a AUTOPSY?  YES □ NO 🐼	20b. IF YES, W	ERE FINDINGS G CAUSES OF I	USED DEATH?
g physici g physici ertificate rial-transi	18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)	
offer this os the bu	arked ar	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN (	COUNTY	STATE
attenbli	em 21 is mo		saw the deceased alive or	ital) attended the deceased from 4/20/ by view the body after death.	Su', one	that it (my) (our) opinio	n death accurred on the d	7		
ITAL by t RAL det	ANT:		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		ATTENIONIO	MEDICAL STA	FF CIAN []	5/37	
retained I TO FUNE should be	IMPORTANT	220 4	K. DHARMA	SENA	2. NIAME OF C		AVG Ball	inner 1	md 2/1	ンゴー
ВР		(	Burial  DEFRAL DIRECTOR	4	Mononga	la Hill (emt	23d LOCATION CITY OF TOWN Bedford, ATE REC'D, BY REGISTRAR		NTY	STATE
(VR A 15 (4) )	5	Mc	Cully Funeral	Home, 130 E. Fort	Ave.Ba	lto.Md. MAY	. 1 -	frotry	Milres	4

DHMH - 16 50M 1/76 (VR A 15 (4) )



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IN CERTIFYING CAUSES OF DEATH?

REGISTRAR			CERTIFICATE OF DEATH	REG. NO.		DST	
1. DECEASED NAME (TYPE OR PRINT)	FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR	
	FLOYD	PRESTON	LUEDTKE SR.	MAY 1,	1980	7001	N
3 SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 F	R5
Male	5	White	May 25, 1921	58	MONTHS DAYS	HOURS	IN.
70 BIRTHPLACE (STATE COUNTRY) MD	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED XXX DIVORCED	Anne Arunde			ME
10 CITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND C	F BUSINESS	OR

GLEN BURNIE HOSPITAL NORTH ARUNDEL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATED 13. STREEZ8 PESDelmont Road 136 CAUNTY SEVETH 134 INSIDE CITY LIMITS? YES [ 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME William MIDDLE Luedtke Lena MIDDLE Luedtke Severn, MD21144 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT

(YES, NO OR		(IF YES, GIVE WAR OR DATES) WW II	217/14/6063	Mrs.	Eva	м. В	elew		hter)	
18 CAL PAR	ISE OF DEAT	H (Enter only one cause per /AS CAUSED BY  MMEDIATE CAUSE (0)	artelis relu	tit Cu	ediov		٨		APPROXIMATE INTE	RVAL DEAT
4	292		R AS A CONSEQUENCE OF	Head	- Fait	1	aun	Churis	1 4	

Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90. DATE OF OPERATION

NON NO [ YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONIH-DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M

21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a.1 certify that (1) (Nas hospital) attended the deceased from

sow the deceased alive on. and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED

22e ADDRESS

ATTENDING

22d PHYSICIAN'S NAME (TYPE OF PRINT) MICHAEL GARAHY

8206 FORT SMALLWOOD ROAD

STAFF

DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL				F CEMETERY OR	CHEMINION	CITY OF TO	OM I THOUT	COLLEGE	6
Burial	May	1980	Glen	Haven	Mem.PK	Glen	Burnie	AA	MD
Singleton une	eral H	ome, G	len ]	Burnie	250 DATE R	5 19	STRAR 25b. REGIS	TRAR'S SIGN	ATURE

filled in by the food outdoor outdoor the food outdoor the filled with rely 1 ond 0 per ond Mentol Hygiene r use as the burial-transit PHYSICIAN: DIRECTOR be deto e Stote [ should by with the

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or other

18 shows

morked or Item

If Item 21 is

MPORTANT:

prior ony CERTIFICATION

MEDICAL

FOR

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

FLOYD PRESTON LUBDIKE SR.

DR. MICHAEL CARACTY

CLESS BURNIE - MORTH ARTSEL HOSPITAL

and the same

SALTIMORT WH. 21720

FOR STATE REGISTR			DEPARTMENT OF DICAL EXAMIN	HEALTH		NTALH	YGIEŅI FDEA	тн	REG.	NO.	60	6	2
1. DECEASED (TYPE OR PRINT)		ymond Bri	.ckwood		Lyma	an S	Sr.	O. DATE OF DEATH	KNOWN ESTI- MATED		10NTH	19 <sub>19</sub>	YEAR 26. H
3. SEX male	4. RACE white	5. DATE OF BIRTH				HOURS		c. DATE RONOUN DEAD	ICED		19	DAY	YEAR 2d. H
70. BIRTHPLAC FOREIGN COU Haw	aii	76 CITIZEN OF WH		WIDOW		DIVORCE			e Ar	unde	el (	y of be. Count	
Han	OVET	7155 F	11. NAME OF HOSPITAL, NURSING HOME, OR OTHE (LENDENSUCH FACILITY, GIVE STREET ADDRESS) 7155 Forest Avanue			THER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Carpenter					WORK	OR INDUSTRY AMTRAK	
130. STATE M		OR OTHER INSTITUTION, GIV AA	13c CITY OR TOWN Hanove1	. ,	13d. INSIDE CITY YES 🗌	Y LIMITS? NO 🌃	13e. STRE	ET ADDRE		For	es	t Av	ve.
16a. WAS DEC	arles EASED EVER IN U.S. AR.	MED FORCES?	Lyman  166. SOCIAL SECURIT	Y NO.	15. MOTHER' FIRS Ar 17. INFORMA	nna	N NAME	MI	ADDRE	ESS S		uca:	s .
(YES, NO, OR IN	•	WAR OR DATES)  XX XXXX	576/14/8	315	Mrs.	. Se	na K	. Ly	man	. (w	/if	APPR	OXIMATE INTERV.
PART 2 0	g cause last. THER SIGNIFICANT CONDITIONS						T 1 (a).						
TIFIC	TE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMI	ED?							TOPSY?
S UNDER	ERNAL CAUSE WAS LYING OR IBUTING CAUSE OF I		5/19 19 80	su	bject			TURE OF INJU	URY IN ITEM	18 PART 1	OR PAR		AA
WHILE AT WOI	NOT WHILE SERVICE AT WORK	street, facto home	of Injury (at home, ory, farm, etc.) bedroom	715	ration 5 Fores	st Av	enue/	Dors,	sey,	Ann	coul leAr	unde	1Co,MD
	l certify that I taak charg resulted fram:	ge of the remains desc	[]	Autap	y XX I	Inspection de XX /		Inquiry mined ma		and in i	my api	nian	
ACTUAL SIGNAT	URE #	2 har	D)	M	Assist	tant	MEDIC	AL EXAM	INER	S	DATE SIGNED	5/	20/80
(TYPE O	IER'S NAME R PRINT)	Horme	z R. Guard,	M.D	ADDRESS	111 P	enn	Stree	et,Ba	alto	,MD	212	01
Buria 24. FUNERAL D	olector 2	23 May 8	0 Glen Ha	ven	Mem P	k.	23d. LOC CITY OF EC'D. BY R	egistraf	urn R   256. RE	ie Sistra	COUNT AR'S SI	AA	STATE MD
Single	eton Fune	ral Home	<sub>e</sub> , Glen E	urn	ıe,MD	YAM	26	1980	p	Salation of	7/	4641	7

7: / Problems of the contract of th 

campletely filled in by

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

injury, or ather traumatic event, the

IMPORTANT: If them 21 is marked or Item 18 shaws ony

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH

HYGINE	4		1	aj	6	3
--------	---	--	---	----	---	---

1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR
(ITTE	Jacque Jacque	eline K.	L	YNCH	m	AY-1	0-80	2:30M
3. SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS
	Female	White	Jan.		64	YRS	MUNINS DATS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUP	NTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
-	Maryland	USA	WIDOWE		HNNEAR	UNL	DEL	MD.
	nnapolis	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 2662 Claybo	STREET ADDRESS)	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMER)	F WORKING LIFE		F BUSINESS OR
USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)					
	aryland A. A	To be account	apolis	13d. Inside CITY LIMITS? YES NO 🛜	13e. STREET ADDRESS 2662 C1	aybou	irne Ro	oad
14. F.A	ATHER'S NAME	MIDDLE LAS	T.	15. MOTHER'S MAIDEN NA			LAS1	
	Harry		arr	Beulah			Hogu	
	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS		
	No	114	03 8328	James M.	Lynch, Jr		Sa	ame
B	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	ly one couse per line for (o), (	b), and (c).)	BRAIN			BETWEEN C	MATE INTERVAL DISET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON	NO- C.Y	to UNKA	IDWN	4/1/	NY	ears
z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 110	)1
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DÉA!  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTI P.M.	H DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, P.	ART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	DEFICE FARM FIG.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
\$	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	JPPICE, PARM, ETC.)		Dans	1017	-	STATE
	solve the deceased alive an above, (1) (we) (did) (did not	5/8	X / /	nd that in (my) (cor) apinion	deoth occurred on the de	ote and hou		that (I) <del>(we) l</del> ast couses stated
	22b. SIGNATURE	of for	(1)	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED 080
	224 PHYSICIAN'S NAME (TYPE OF	VERKOU	v mD	1210 ADDRESS	PRT DP	INF	Dorna	21403

BP\_

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

DHMH - 16 50M 7/77 (VR A 15 (4)) 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 5/12
24. FUNERAL DIRECTOR Henry W.

4905 York Road Balto ..

FOR

23t. NAME OF CEMETERY OF CREMATORY
5/12/80 Druid Ridge
W. Jenkins & Sons Co. 256. DA

Md.

21212

23d. LOCATION CITY OR TOWN

OUNTY STATE

e Pikesville Md
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

pirpay Mc Credy

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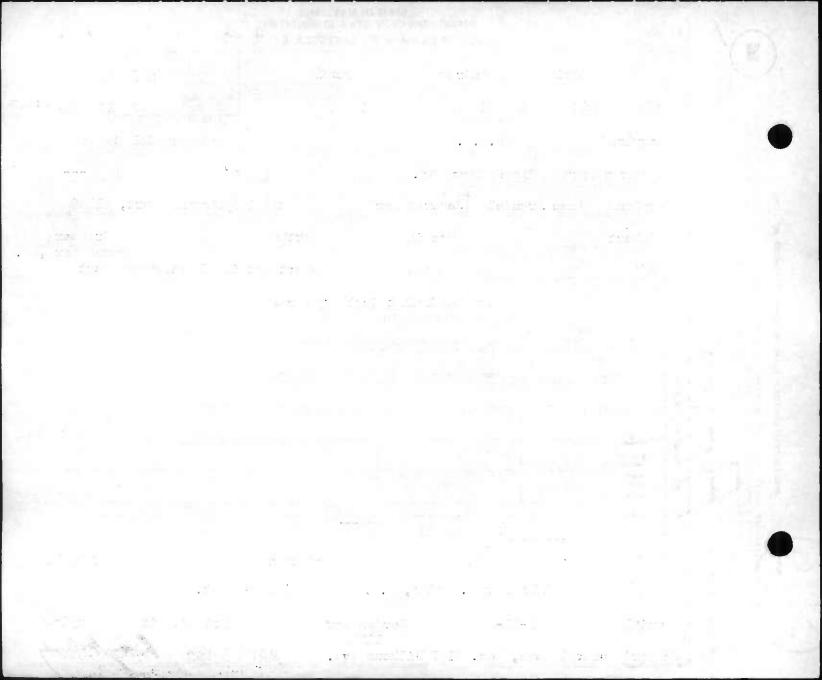
. /		
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD. "PENDING" IN PENCIL IN 17EM 18. GIVE PAGES 1, 2, AND 31 OT HE FUNERAL DIRECTOR, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-RANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	

BP. **DHMH - 17** (VR A15 ME (5)) 30M 7/73

## STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYGIENE	1 1	13	6	
DICAL EXAMINER'S CERTIFICATE OF DEATH	PEG NO	2.4	O	

	- :	FOR STATE REGISTRAR		MED		AMINER'S	ERTIFICA	ATE OF D		REG. NO	£.	6	4
		CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST			KNOWN	MONTH	DAY YE	AR 2b. HOUR
	(1177		David	And	lrew		achin		OF DEATH	MATED 3	-	15 19 8	,,,,
	3. SEX		4. RACE	S. DATE OF BIRTH		GE (IN YEARS IF UN		UNDER 24 HE	RS. 2c. DATE		MONTH	DAY Y	EAR 2d. HOUR
	r	male	white	04 06	80	YRS. 1	DAYS P	OURS MIN.	DEAD		5	15 19 8	30 9:20a
1	7a BIF	RTHPLACE (ST.	ATE OR	76. CITIZEN OF WHA	AT COUNTRY	? 8 MARRI	ED NEVE	R MARRIED F	9. BALTIN	ORE CITY O	R COUNT	TY OF DEAT	A .
9		Marylar	nd	U.S.A	1.	WIDOW		DIVORCED [		e Aruno	del (	County	MD.
		TY OR TOWN		11. NAME OF HOSP			ER INSTITUTIO		USUAL OCCU		OF WORK	12b. KIND O OR IND	F BUSINESS USTRY
1		Severn	a Park	Truck Ho					N/A	KING (IIC)			-
-	USUA 13a, S1		IF IN NURSING HOME OF	R OTHER INSTITUTION, GIVE	RESIDENCE BEFO		134 INSIDE CITY	11MITC2 13e 3	STREET ADDRE	ESS			
2	M	laryland	d Anne	Arundel		na Park	YES 🗌	NO 🔀 🛚	Lynha	ven Co	urt,	21146	
2 10	14. FA	THER'S NAME		MIDDLE	LAST		FIRS		AWE .	AIDDLE		LAST	
G		Robert			Mach:			rtha				Gronb	
	16a. W	ES, NO, OR UNKNO	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL	SECURITY NO.	17 INFORMA			ADDRESS			ark,Md.
		N/A			No	ne	Robe	ert Mac	chin l	Lynha	ven (		
		18 CAUSE OF		y one couse per line fo								BETWEEN C	MATE INTERVAL DNSET AND DEATH
		100 C. 1	IMMEDIAT	E CAUSE (o) Sud			h Synd	rome					
		178	0	DUE TO, OR A	S A CONSEG	QUENCE OF							
			is, "if ony, which e to immediate	(b)									
		cause (o) lying cous	stoting the under-	DUE TO, OR A	S A CONSEG	DUENCE OF							
		ijing coo.	30 1037.	(c)									
	7	PART 2 DIHER SIG	GNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED T	O THE TERMINAL DISEASE	DR CONDITION G	IVEN IN PART 1 (a)	l.				
4	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	TIBL CONDITION	ON FOR WHI	CH OPERATION W	A S DEDECIDANS	D2				20. AUTO	DCV2
1	FIC	INC. DAIL OF	O' EKATION	178. CONDIN	SITI OK WITH	CHOLKAHOIT	ASTERI ORMI						
-	ERTI	71a EXTERNA	L CAUSE WAS	216. TIME OF I	NIIIPY	121c HC	W INTERVO	CCHIPDED JEN	ITER NATURE OF IN	ILIDY IN ITEM 18 0	APT LOP PA		X NO
3	II CI		OR NG CAUSE OF D			Y YEAR	> 44 11430K1 O	CCORRED (EN	TER PATORE OF THE	JOHN IN HEM IBY	ANTIONIA	11 2 3	
	SC	21d. INJURY O		21e. PLACE OF	INTERPO	19 THOME, 21f. LO	CATION						
	MEI	WHILE	NOT WHILE	STREET, FACTOR			TREET		CITY OR TO	WN	COL	UNTY	STATE
		AT WORK	AT WORK	,									
	Sept.	22a. I certif	y that I took chorge	e af the remains descr	ibed obove, h	neld an Autap	sy X. 1	nspection	, Inquiry	L, and	d in my op	noinion	
		death resulte	ed from: Noture	al couses X., A	Accident	, Suicide	, Homicide	un Un	determined m	onner,			
		1 CT1111	11	V1	Λ		TITLE (SPE						
		ACTUAL SIGNATURE_	wigi	ma ZDO	Han	м	D Assis	tant_	MEDICAL EXAM	AINER	DATE	5/1	5/80
20		EXAMINER'S	NAME .	7	D 1	14 %D 4		111 D					
	olina .	(TYPE OR PRIN	VT)	Virginia L			ADDRESS		enn St	•			
	(5)	PECIFY)	TION, REMOVAL 23		23c. NAM	E OF CEMETERY O		Y 23d	LOCATION CITY OR TOWN		COUN		STATE
		Burial		05-17-80		Loudon				ore Ci		Mary	land
		JNERAL DIRECT		ADDRESS		2122		DATE REC'D	BY REGISTRA		R'S S	IGNATURE	Zeede
-	Hu	ibbard I	Funeral H	lome, Inc.	4107	Wilkens A	ve.	MAY	15 15	880		7	7



nding physician and completely filled in by "tert corbangagers. Pages 1 and 2 should be filed with

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician should be detoched for use as the buriok-transit permit. Then please remove corbon papers. P with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar removal. IMPORTANT: If Item 21 is marked or Item 18 shaws ony injury, or other troumotic event, the

executed within 24 hours

requires that the death certificate be

OR ATTENDING PHYSICIAN: The law attending physicion

etained by the hospital or

BP.

### STATE OF MARYLAND

EPARTMENT	OF HEALTH	AND MENTAL	HYGJENE ()
CE	RTIFICATE	OF DEATH	0

)		1	4.5	6	5
	REG. NO.				D.S
TE OF DE	ATH MC	HINC	DAY	YEAR	26 HOL

1.	FOR STATE REGISTRAR	DEPARTI		ICATE OF DEAT		ENE ()	1	4 6	5 D.S.T.
	CEASED NAME FIRST	MIDDLE	ī	AST		20 DATE OF DEATH		AY YEAR	26 HOUR
(1177	ARTHUR	М.	MAHE	R		MAY 12.	1980		1:37 A
3 SE	X	4 RACE	S. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Caucasian	Apri	1 17,191	5	65	YRS.	ONTHS DAYS	HOURS MIN
7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D M NEVER MARK	UED	BALTIMORE CITY O		OF DEATH	
	Maryland	U.S.A.	WIDOWE	-		ANNE ARUND	DEL COL	JNTY	MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUT		12a. USUAL OCCUPATI		126. KIND C	F BUSINESS OR
	LEN BURNIE	NORTH ARUNDEL	HOSPI	TAL		Tron Work	er er	Ship	Building
130/	AL RESIDENCE (IF NURSING HOME OF STATE LAB COULANT ANNE	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTX Arundel 13c GITY OR TOW Arundel Pasader	re admission) VN 20	13d. INSIDE CITY L YES NO		291 Cove R	do	2	1122
14 F/	William	Maher Maher		15 MOTHER'S MA		E MIDDLE		Wilh	ide
160 \	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 215-09-1	JRITY NO.	17 INFORMANT Mrs. Gen	review	re A. Mahen		me as	#13
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A ONS OU	ENCEOF	Server	<u> </u>	Fils	rillat	in	·
NOIL	Chronic Ot	GONDITIONS CONTRIBUTING TO	wo	Dise	del	nal Disease or Con			
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORME	D	YES NO	20b. IF YES, IN CERTIFY YES	, WERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CEI	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	AY YEAR		OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 PA	RT I OR PART 2)	
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	71f LOCATION STREET	On.	CHYCHIO	1-	COUNTY	STATE
	22a.1 certify that (1) (this hosp saw the deceased alive or	oitol) ottended he deceased from n19	89/:	nd that in (my) (our)	p 30	, to eath accurred on the	te and hour		that (I) (we) lost corpses stated
	22b. SIGNATURE	1			DING L	MEDICAL STAP		12 DATE	19/80
(	JUAN A. BE	LTRAN, M.D.		7951 O GLEN B	AKWOO!	D ROAD MARYLAND	21061	/	7
23a. l	BURIAL, CRÉMATION, REMOVAI SPECIFYIBURIAL	-//	NAME OF C	emetery or crem hedral (e	NATORY meten	23d. LOCATION		COUNTY	Md.
24 F	UNERAL DIRECTOR	& Tick Neck Rds.		21122 dena, Md.	MAY		25b. REGISTR	Par's SIGNAT	neody .

DHMH - 16 50M 1/76 (VR A 15 (4) )

Mc Cully F.H. Mtn. & Tick Neck Rds., Pasadena, Md.

SERVICE AND THE SERVICE The state of the first of the state of the s YOURO SHOURS TOO!

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TTENDING PHYSICIAN:

13	3	FOR STATE			DEPARTM	LENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	CIENTE ()	-	1	a) 6	6
-		REGISTRAR	FIRST	MIDÓL	E		ST DEATH	Ze. DATE OF	REG. NO.	NTH DAY	Y YEAR	D.S.
(RA)		(TYPE OR PRINT)	EDWAR	D J		MAJCH		MAY	24, 19	980		4:45
600		3. SEX		4 RACE		S DATE O		AGE (IN YEA	RS LAST BIRTHDA		UNDER I YEAR	HOURS MI
irect urs a	Duce	MALE		WHITE		Oct	2, 1918	61		YRS.		
the funeral direc	Fled at	Maryland		U.S.A. WIDOWED DIVORCED				9 BALTIMOR	ARUNDI			
by by	ist be no	GLEN BURN		11. NAME OF HOS (IF NOT IN SUCH FAC NORTH A	THITY, GIVE STREET A	DDRESS)	ROTHER INSTITUTION  TAL	170 USUAL O	FOR MOST OF WO	DRK ING LIFE)	INDUSTRY	EXON
filled in	Miner m	USUAL RESIDENCE (# 130. STATE Md.	13b COUN A .	TY [13c.	RESIDENCE BEFORE CITY OR TOWN asader	N 1	13d INSIDE CITY LIMITS? YES NO 📉	13x STREET A	DDRESS Mead	ow L	ane	
letely 2 shou	exa	14 FATHER'S NAME	,	AIDDLE	LAST		15. MOTHER'S MAIDEN N	AME	MIDDLE		LAS	ST
comple 1 and 2	dical	Walter	74-		jchrza	ık	Sabina			K	artas	niska
an and co	the med	160 WAS DECEASED E (YES, NO OR UNKNOWN YES	(IF YES, GIVE	WAR OR DATES) US III 2	SOCIAL SECUI	4411	Loiise Ma	jchrza	ADDRESS K sam	e as	13 e	
yerina.  Yelian  Yelia	tem 18 shows any injury, or other traumatic event,	Candifians, if gave rise to cause (a), s underlying compart 2 OTHER  PART 2 OTHER  19a DATE OF OP	A WAS CAUSE  IMMEDIAT  any, which immediate toting the ause last.  SIGNIFICANT C	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)  ONDITIONS CONTI	A CONSEQUE  A CONSEQUE  RIBUTING TO D  N FOR WHICH	NCE OF  NCE OF  NCE OF  OPERATION	NOT RELATED TO THE TER	20a AUTO	PSY?   20	Db. IF YES, V N CERTIFYI YES	WERE FINDING CAUSES	NGS USED
After this c the burial-	narked or	(IF EITHER, NOTIFY A  Z14 INJURY OCC  WHILE AT WORK		P.M.  21R PLACE OF II  (AT HOME, STREET, F	NJURY FACTORY, OFFICE, FA	19 ARM, ETC.)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
TO TOOSTILE.  TO FLONERAL DIRECTOR: J should be detached for use as with the State Dept. of Health	IMPORTANT: If Item 21 is n	226 I certify the saw the dec abave. (I) (w 226 SIGNATURE 274 PHYSICIAN	teased alive and (did) (did not)	PRINT)	19_		d that in (my) (aur) apinia DEGREE ATTENDING PHYSICIAN 225 HOSPITA GLEN BURNIF	MEDICAL DRIVE	STAFF PHYSICIAN	NO E 103	22c. DATE	
BP	Σ	230. BURIAL, CREMATION DO	on, removal lent	23b. DATE 5/27/8	O Lo	udon	emetery or crematory Park	234 LOCA CITYON Bal	timor	e, M	ounty aryla	nd STATE
DHMH-16 : (VRA 15, 4)		George	R	ce 4001	ADDRESS B Ritchi	alto e Hg	6166)	MAY 2	GISTRAR 251	REGI	Thy	Cred

STATE OF MARYLAND

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

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ALMAND TRONDAY BIGATA SUPER REPORTS NORTH AND THE PROPERTY.

REISE ENDL, M.D.

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BP. DHMH - 16 50M 1/76 (VR A 15 (4))

	FOR '			DEPART	MENT OF	E OF MARYLAN IEALTH AND MI ICATE OF DE	ENTAL HYE	ENE ()	j	1	4 6	7
	REGISTRAL 1. DECEASED NA/ (TYPE OR PRINT)		MIDI			LCUM	A111	20 DATE OF	REG. NO DEATH M	NONTH DA	4 YEAR 1980	2b HO
		rale	00 ==	ite	5 DATE O	H DAY	YEAR 1908	6. AGE (IN YEA	79	YRS	FUNDER I YEAR	IF UNDER
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Item 18 st	OR CONTRIBU	IT WAS UNDERLYING [ TING [] CAUSE OF DEA OTHER MEDICAL EXAMINER)	21b. TIME OF IT HOUR A.M. P.M. 21e PLACE OF	MONTH D	DAY YEAR	21c. HOW INJU		ED (ENTERNATU	re of injury	IN ITEM 18, PAR	RT I OR PART 2}	
arked or	WHILE AT WORK	NOT WHILE AT WORK		, FACTORY, OFFICE,		STREET			ITY OR TOWN		COUNTY	ST
m 21 is mo	abave,	that (I) (this hospite deceased alive an (I) (we) (djd) (did nat	May 12	er death.		nd that in ( <u>my</u> ) (o	19.00 jur) opinion de	, to MS	- 1	e ond hour	and from the c	
IMPORTANT: If Item 21 i	22b. SIGNA	IAN'S NAME (TYPE OF	remin	/	de a		TENDING IYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI	AN 🗌	5/A	3GNED
MPORTA	Dav	id Krimm				Annaj		, Mary		214	.03	-
	230. BURIAL, CREA	AATION, REMOVAL	23b. DATE 5/15/8	30 F		incoln		Brer	two	od (Pr	•Geo!	s) si
6	Richar Funera	d A. Col 1 Home	eman -U	Ipper I	Marlb 870:	oro,	MA'	Y 2 2 19	SISTRAR 2	Sh RESSTR	AR'S SIC PLATE	SE.

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Hallond to dead a - Frank Hallows, March 1 and Frank Hallows

FOR

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DHMH-16 25M (VRA 15, 4) 1/79 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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K X		1			STATE OF MARYLAND		1 . /
800	-	1.	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HACIENE ()	1 .4. 0
	(BA)	1 0	REGISTRAR	WIDDLE	LAST	REG. NO.	14 DAY WEAD
	[ 882 ]		CEASED NAME FIRST	1	Meader	20. DATE OF DEATH MONTH	77-EA
DESCRIPTION OF THE PARTY OF THE			Howa		/ 1/ 0	3.	2100
	-	3. SE		4 RACE	5. DATE OF BIRTH # MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR
	ge 4		Male	White	Dec. 2,1906		YRS.
	Po di		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
	in 7.		ashington	U.S.A.	WIDOWED DIVORCED	□ AnnArunde	:1
	with with	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND C
5	led the	3 A	napolis	Anne Arunde	1 General Hosp	ital Moturman	
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YLA :	d 2 sho	14. F.	ATHER'S NAME		15. MOTHER'S MAIDE	NAME	
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BALTIMORE	Poges medico			VE WAR OR DATES]	6707 Torontono 1	Mandan Cam	no as #13
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× .	t the		couse (a), stating the underlying couse lost.	DUE TO, OR AS CONSEQU	ENCE OF	H 0/1	12
201	is that the death is death that by the attending selection of the control, cremation, or or other traumati			( 10) Chorce	ouscure	the throng +	7 -
	signe Then p to bur	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISPASE OF OPNDITIO	N GIVEN IN PART 1
RECORDS		CERTIFICATION	LA DATE OF ODERATION	Heart 1ST	OPERATION WAS PERFORMED	76s. AUTOPSY? 20b.	IF YES, WERE FINDI
EC.	low r	2	190 DATE OF OPERATION	196. CONDITION FOR WHICE	OPERATION WAS PERFORMED	IN .	CERTIFYING CAUSES
IA!	The cron sit p		an accordance to the second se	D AND THAT OF INCHES	121. HOW INDUST OF	YES NO W	YES
DIVISION OF VITAL	ANS: Physical ficol Hysical Hy		21a. ACCIDENT WAS UNDERLYING ( OR CONTRIBUTING CAUSE OF DI	21b. TIME OF INJURY HOUR A.M. MONTH D		CCURRED (ENTER NATURE OF INJURY IN IT	EM 18, PART I OK PART 2]
0	HYSICIAN: Inding physicians certifico buriol-froi f Mentol Hy or Item 18	S	(IF EITHER, NOTIFY MEDICAL EXAMINER	R) P.M.	19		
ō.	this this of M	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR FOWN	COUNTY
N N	OING P or offer the os the olth one	2	AT WORK NOT WHILE AT WORK			A	
۵	ADIN S. Aft. Aft. S. Aft. S. Mo		22a. I certify that (I) (this has	oital ottended the deceased from	V - 6 19 C	to 5-27	19 80
	Pitol For (	100	sow the deceased alive a	not view the body ofter death.	80_, and that in (my) (our) op	inion death occurred on the date or	nd hour and from the
	hos hos hed hed ept.	3 3	22b. SIGNATURE	0/11	// DEGREE	and positive formation	22c. DATE
	te D i F i		(16 mas	Marrell Hos	ATTENDIT		D 3-1
	by by Sto ANI	-	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		
	O HOSPITAL efoined by 1 TO FUNERAL should be det with the Stote MAPORTANT:		THOMAS MA	ZIZELL HOLL.	MI) 134 OWER	SVILLE RD. 6	155T R11
	Sh Sh M	230	BURIAL CREMATION REMOVA		NAME OF CEMETERY OF CREMATO		

2 ON GIVEN IN PART 1(0) IL IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [] NO I ITEM 18, PART 1 OR PART 2) COUNTY STATE that (I) (we) lost occurred on the date and hour and from the causes stated obove (1) (we) (did) (did not view the body ofter deoth. 22c. DATE SIGNED DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 22e. ADDRESS 34 OWENSVILLE LOMAS y Brentwood P.G. Marylland 230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial t. Lincoln Cemetery /80 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTEE Funeral Home, Inc. 1980 Old Alexander Ferry Road Clinton Md.

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

DHMH - 16 50M 7/77 (VR A 15 (4))

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	1	FOR • STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF, DEATH	REG. NO	
M	1. DE (TYP	CEASED NAME	White 1	Med 1 9 St S DATE OF BIRTH DAY VEAR 9, 1906	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
135	400	IRTHPLACE ISTATE ON FORISM QUARMY LAND TY OR NOWN OF DEATH IEM, BUYNIE		MARRIED NEVER MARRIED WIDOWED DIVORCED GO THE INSTITUTION CONTROL CENTER	120 USUAL OCCUPATE	COUNTY OF DEATH  ON  HAKING OF BUSINESS OF
Segminer Aust be	13a	STATE . 1136 COU	or Other Institution, GIVE RESIDENCE BEFORE INTY LEA rund Miller  Middle Meekins		13 STREET ADDRESS 505 Marc	Road Woodland
avail ent, the medical	16a	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT MI		s, Md. 21108. s-505 Marc Road
y injury, ar ather traumatic event,	NOI	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost	((0)	ENCE OF COMPANY OF THE TER	ES J MINAL DISEASE OR CONI	DITION GIVEN IN PART 1(0)
shows any	CERTIFICATION	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		200 AUTOPSY?  YES NO RRED (ENTER NATURE OF INJUR	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO INTERNAL (18)
marked ar Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK		19 211 LOCATION	CITY OR TOW	/n COUNTY STATE
If Item 21 is			oital) attended the deceased from	DEGREE ATTENDING PHYSICIAN	to	that (1) (we)  the and hour and from the causes stated  22c. DATE SIGNED  FIAN
MPORTANT: H	23a.	BURIAL, CREMATION, REMOVA		325 HG	23d LOCATION CITY OR TOWN	COUNTY STATE
1/76	24 F		5/21/80 Da. 4. Horan, Inc. Baltimore St.	k Lawn Cemetery	BBaltim TERECD. BY REGISTRAR Y 2 1 1980	ore, Maryland 256 EGERARS CONTRE

3000 E. Baltimore St.

Baltimore, dyld. 2/224.

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ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

retained by the hospital or attending physician.

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (1)

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n Cemel. Odenton A.A. Maryland
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
MAY 28 1980 Frostry Malresdy

Odenton

1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG	REG. NO.	47
(TYPE	CEASED NAME FOR PRINT)  ARY  The BL	E 4 RACE	J) DATE C	1/es	20 DATE OF DEATH MONTH  5  6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 20 80 130 M
,	Temale	Black	MONTH 3		60	MONTHS DAYS HOURS MIN
C	MD.	76 CITIZEN OF WHAT COUN	MARRIEI WIDOWE	DIVORCED DIVORCED	9. BALTIMORE CITY OR COL ANNE ARUNDEL	
10 0	rown of DEATH	OF BUNSON	URSING HOME C STREET ADDRESSIV	p. Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126 KIND OF BUSINESS OR INDUSTRY
1		OTHER INSTITUTION, GIVE RESIDENCE TY Trunde/ ODEN	TOWN	13d INSIDE CITY LIMITS? YES NO XX	13. STREET ADDRESS 2969 Conways	Road
14 F/	HORACE	LARKIN LAST	S	NINA	G.	JOHNSON
	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL WAR OR DATES)	SECURITY NO.	Crownsus/	RN MILES 2968	Conways Rd.
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	D BY:  E CAUSE (a)  DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)	SEQUENCE OF	tory for	ilar ID	APPROXIMATE INTERVAL BETWEEN GNSET AND DEATH  YSA  YMA
CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	196 CONDITION FOR W	roler.	2 - Deule	tus release	
MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	19	21c. HOW INJURY OCCURR 211. LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITE)	n 18, Part   Or Part 2)  COUNTY STATE
	220.1 certify that (1) (this hospits saw the deceased alive on abave, (1) (we) (did) (did not 22b. SIGNATURE	view the body ofter death.	lun	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	-11
23a. E	BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 5-24-1980		EMETERY OR CREMATORY ONS Church Cen	23d. LOCATION CITYOR TOWN	COUNTY STATE

St. Johns Church Ceme.

DHMH - 16 60M 1/75

24 FUNERAL DIRECTOR

FUNERAL DIRECTOR
WITTIAM REESE & SONS MORTUARY, P.A.

should be detached for use as the burial transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 27 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, the medical

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OR ATTENDING PHYSICIAN: The low requires that the death certificate

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# STATE OF MARYLAND DEPARTMENT OF H

E OF MARTEAND IEALTH AND MENTAL HYGIENE ICATE OF DEATH	U	REG. NO.	1	4	7	3
		REG. NO.				

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Le Land N OF DEATH VILLE LE HE NURSING HOME C ME	(IF NOT IN SUCH FACILITY, GIVE STREET 414 OCLU DIZ.  OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	MARRIED MEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUN Anne Arundes	ITY OF DEATH
Le Land N OF DEATH VILLE LE HE NURSING HOME C ME	4. RACE  White  7b. CITIZEN OF WHAT COUNTRY  USA  111. NAME OF HOSPITAL, NURS  IF NOT IN SUCHFACILITY, GIVE STREEL  OR OTHER INSTITUTION, GIVE RÉSIGENCE BEG.  OR OTHER INSTITUTION, GIVE RÉSIGENCE BEG.	S. DATE OF BIRTH  March 21, 1921  RARRIED NEVER MARRIED  WIDOWED DIVORCED  ING HOME OR OTHER INSTITUTION	6. AGE JIN YEARS LAST BIRTHDAY)  59  YRS  BALTIMORE CITY OR COUN  Anne Arunded	MONTHS DAYS HOURS
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TE I IF NURSING HOME OF ANNE	(IF NOT IN SUCH FACILITY, GIVE STREET 414 OCLU DIZ.  OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		120. USUAL OCCUPATION : n	
d Anne	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	Glen Burnie Md.	TYPE OF WORK FOR MOST OF WORKING LILE	emation kind of business first industry fire Departm
	Manundel 39 ten Bi	Whie 13d Inside City Limit YES NO	1/7// /	2
thy	Monan	15 MOTHER'S MAIDE Manganet	WIOOFE	Lea Man
SED EVER IN U.S. A NOWN)   I IF YES, GI	VE WAR OR OATES)		a D. Moran 414 (00	rie, Md. 2106. Ly Drive
OF DEATH (Enter of DEATH WAS CAUS	inly one couse per line for (o), (b), o	and (c).)		APPROXIMATE INTERI BETWEEN ONSET AND I
to immediate stating the couse lost.	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO		TERMINAL DISEASE OR CONDITION (	SIVEN IN PART 1(0)
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NT WAS UNDERLYING UTING CAUSE OF DI	HOUR A.M. MONTH		CURRED (ENTER NATURE OF INJURY IN ITEM )	8, PART 1 OR PART 2)
OCCURRED  NOT WHILE  AT WORK	216 PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STA
ne deceased alive a	n 19 view the body ofter death.	Can I	nion death occurred on the date and h	nour and from the couses state
TURE, A	shel			22c. DATE SIGNED
Α .	al Demphill	Jol	ing loopking loos	word, Balto.
	June 2, 198030	New Cathedral (en	n. Baltanore	COUNTY Manyto
14	ATION, REMOVA	TOR Mc Cully Funeral Ham	AN'S NAME (IVATOR PRINT)  Nichael benguil  ATION, REMOVAL 23 MATE 2, 1983 NAME OF CEMETERY OR CREMATOR  LICAL MC CULLY F unenal postume of Brooklyn, 250  TOR MC CULLY F unenal postume of Brooklyn, 250	n Michael Lamphill  ATION, REMOVAL 23/JOATE 2, 1980 New Cathedral Cem. 23/JOACATION Backing or CEMETERY OR CREMATORY BACKING OR CREMATORY

BP. DHMH-16 50M 7/77 (VR A 15 (4))

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at other traumatic event, the medical examine 6

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

η.	STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG.	NO.	6.3	4	
	CEASED NAME FIRST	MIDDLE	LA	ST	2a. DATE OF DEATH	MONTH	DAY YEAR	25 HOUR	
1	Andrew	(nmi)	Mu	eller, Jr	5/6/8	30	The state of the s	6:30am	
3. SE	X	4 RACE	5 DATE OF		& AGE (IN YEARS LAST E	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
	Male	Caucasian	12	/24/12 YEAR	67	YRS		*	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH .		
Ë	Baltimore	USA	WIDOWED		A A	runde	el Count	J. MD	
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS! (IF NOT IN SUCH FACILITY, GIVE STREE		OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OR	
G1	en Burnie	412 7th Aven		.E.	Underwri	ter		rance	
13a S	AL RESIDENCE (IF NURSING HOME OF ATE 136 COULTY AA	0.7		13d INSIDE CITY LIMITS	? 13e STREET ADDRES	red Aven	ue, N.I		
	THER'S NAME			15. MOTHER'S MAIDEN	NAME				
A	ndrew	Mueller		Carrie	MIDDLE L		Trebe	ert	
	VAS DECEASED EVER IN U.S. AF		URITY NO.	17 INFORMANT	ADD	RESS			
(	YES, NO OR UNKNOWN) (IF YES, GIV	II D87-10-	5791	Elizabet	h Mueller.	Wif	e. Same	e as 13	
		nly one cause per line for (o , (b) o	nducial		1			MATE INTERVAL	
	PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (o)	121	NISA	7	1			
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, DRIAN A CONSEQUENCE OF TO, DRIAN A CONSEQUENCE OF THE CONSEQUE	we	mysio	regal in	lerij sul	Julisa	ne	
NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	V. OK	B/ /	V15				
CERTIFICATION	194 DATE OF CHERATION	1% CONDITION FOR WHICH	H OPERATION	INVAS PERPORMED	YES NO		YES, WERE FINDIN TIFYING CAUSES YES		
	218. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF IN	JURY IN ITEM 1	8, PART 1 OR PART 2)		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	21f LOCATION STREET	CITY OR 1	OWN /	COUNTY	STATE	
	22x.1 certify that (I) (this harpital) attended the deceased from 19 7 to 19 19 to 19 19 that (I) (we) last saw the deceased alive an above, (I) (we) (did not) view the hadviolter ceath.								
	The Signature Degree Attending Medical Staff Physician Director Physic						SIGNED 5/80		
1	Dr. Nichola	as Moutsos. MI		95 Aquah	nart Road,	Gler	Burnie	e, MD	
23a [	BURIAL, CREMATION, REMOVA SECURY) Burial		NAME OF CE	METERY OR CREMATO	RY 23d. LOCATION		COUNTY Baltimo	STATE	
-	UNERAL DIRECTOR				DATE REC'D. BY REGISTRA		TRAR'S SIGNAT	URE	
Ja	ames S. Kirk]	ley, Glen Burr	nie, M	ID !	MAY 8 1980	JA.	ifay /xel	ready	

DHMH - 16 60M 1/75 (VR A 15 (4))

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# deoth. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR				
	WILLIAM	М.	MURCHAKE	MAY .	30 1980 10 P.M				
3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.				
	MALE	WHITE	NONE 3 1928	5 / YRS.	11 25				
7a. B1	RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH				
	WASh. D.C.	U. S. H	WIDOWED DIVORCED	ANNE ARUN	IDEL MD.				
10 C	OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BUSINESS OR				
14	UNAPOLIS	ANNE ARUNG	C. 11 00	Prinler	PRINTING				
USU.	AL RESIDENCE (IF NURSING HOME CO	R OTHER INSTITUTION, GIVE RESIDENCE NTY 13c CITY OF		13e. STREET ADDRESS	25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
P	TACYLAND ANN		WOOD YES NO DY	12 HARWOOD	PRIVE				
	ATHER'S NAME	MIDDLE M LAS	15. MOTHER'S MAIDEN NA	AME MIODLE	_ Ls1				
	JOHN	//urc	hate MAr	V	APTZ MAN				
16a V	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	11115				
L,	NO -	- 212-	26-5 153 //rg/	NIA M. MURC	hake #15				
	18 CAUSE OF DEATH (Enter o	nly one couse per Ima for (o), (	b), and ic)	1 11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUS	TE CAUSE (0) LONG"	ralized Carcinemato	sig from undeter	murel				
	1990	DUE TO, OR AS A CON	SEQUENCE OF	- 1					
	Conditions, if any, which	( b)	Arlmary	sete	6 mos				
	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF								
	underlying cause lost.								
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	IVEN IN PART 1(a)				
CERTIFICATION									
CA	190. DATE OF OPERATION	196. CONDITION FOR V	HICH OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?				
RTIF				YES NOTE Y	ES NO				
	710. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18,	, PART 1 OR PART 2)				
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19						
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE				
-	AT WORK AT WORK		11 00	7 (2.	0.1				
	220.1 certify that (1) (this hosp	C / / / /		, to	, 19, that (1) (we) last				
		ot) view the body ofter death.	_19, ond that in (my) (our) opinion	deoth occurred on the date and ho					
	22b. SIGNATURE	1	DEGREE ATTENDING	MEDICAL STAFF	22c DATESIGNED				
	Yely	Mark	PHYSICIAM	DIRECTOR PHYSICIAN	5/3/180.				
	221 PHYSICIAN'S NAME (TYRE	ORIRINT	22e. ADDRESS	1/1/11/1	1 M1				
	NICHARD 1	eeler,	12/UAIN	earal St. HUN	IAPOLIS, //d.				
230	URIAL, CREMATION, REMOVA	L 23b. DAT	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION /	De ngail				
U	PEMALION	5/3//80	VT. LINCOLN CEMELE	ry Drentwood	1.0. //d.				
34 6	UNIERAL DIRECTOR	ADDR	250.04	REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE				
V	ONW/1. /A	VIOF IJONS	HNNAPOLIS, /W.						
					- 20				

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner

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executed within 24 harman

requires that the death certificate be

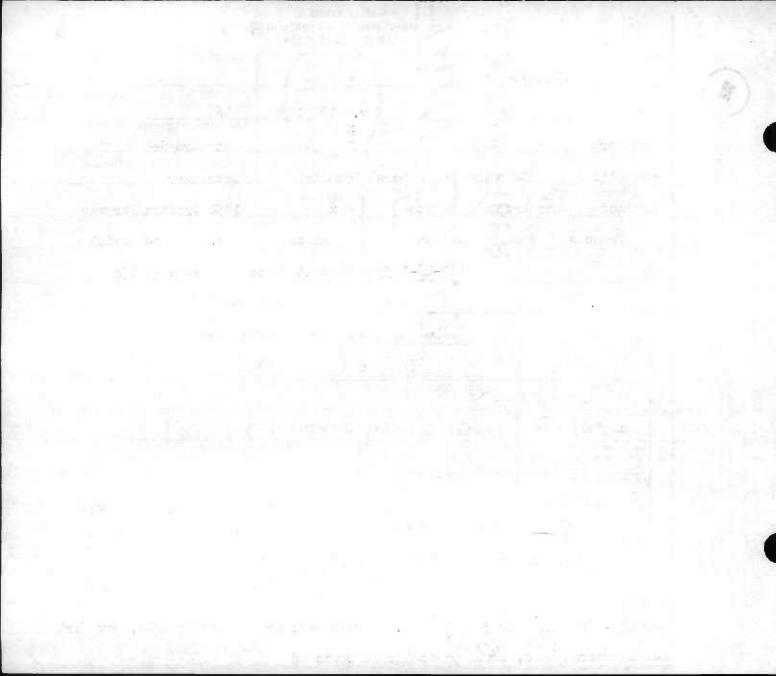
TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the haspital ar

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

attending physician.

6	FOR			DEPARTI		E OF MARYLAND HEALTH AND MENTAL HYO	(PINE ()	5 7	6
1	- STATE REGISTRAR				CERTII	FICATE OF DEATH	000 100		9
ŀ	1. DECEASED NAME	FIRST	, A	AIDDLE		LAST	REG. NO.  120 DATE OF DEATH MONTH	DAY YEAR	2b. HOU
- 1	(TYPE OR PRINT)				- 14	1 1 1 1			1
		FRANC		١.		NASSO	5.	00	12%
	3 SEX	4.	RACE		5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER
	Female		white		No		46 YI		HOURS
8	To BIRTHPLACE ISTATE	IR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OR COU		
404	New York		USA		WIDOW	ED DIVORCED	A 1 7		
0	10 CITY OR TOWN OF	DEATH I				OR OTHER INSTITUTION	Anne Arunde	125 KIND (	DE BUSINE
160			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY	J, 0031112
25	Annapolis	F	nne Ar	undel Ger	neral	Hospital	Secretary		
to A	USUAL RESIDENCE (IFF	13b COUNTY	HER INSTITUTION.	13c. CITY OR TOW		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
意がか	Maryland	Anne A	rundel	Crofton	1	YES NO	1452 Crofton	Parkway	
ine	14 FATHER'S NAME	15				15. MOTHER'S MAIDEN NA	ME		
\$170	Franc	is Jc	seph	Dapcich		Alice	N. Nac	inovich	ST
0	16g WAS DECEASED EV		-4-	16b SOCIAL SECU	IRITY NO	17 INFORMANT	ADDRESS	THOVICH	
e que	(YES, NO OR UNKNOWN)			103-26-				4.0	
e #	no	<u> </u>		103-20-	1077	Vincent Nas:	so same as		
÷.				line far (a), (b), an		D	0.0000	BETWEEN	ONSET AND
ven	PART I. DEATE	IMMEDIATE		DISC	ONN	ected les	PIRATOR	5	min
tic e	1421	) -					,		
E C	Condition		DUE TO, OI	R AS A CONSEQUE	BRA	IN ACTIVITY	m for 48	HRB	
tro	Canditians, if a		1						
her		oting the use last	DUE TO, OF	AS A CONSEQUE	ENCE OF	CHNOID H	emorchas	2 -	
a	onderlying co	756 1031	(c)	300	HIH	CHILD U	CHIP IT WAY	Y	
7.		GNIFICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION	GIVEN IN PART 11	а
in in	0	NKM	OUN						
any	THE CATION OF TH	1 0 -	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. II	YES, WERE FINDI	NGS USED
i ol	E 4/30	180	NA	SAL AIR	WAY	obstruction	YES NOT	YES [	NO [
8 8 5	210. ACCIDENT WAS	UNDERLYING	216. TIME O		-	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM		
= /	00 000 170 101 101 10		1	M. MONTH DA					
= "	(IF EITHER, NOTIFY ME		21e PLACE (		19	211 LOCATION			
ā P	WHILE NO	WHILE	(AT HOME, STR	DE INJUKY EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STA
rke	AT WORK	WHILE					~		
E	22a. I certify that	II) Ith) haspital	) attended the	deceased fram_	4/	2 9 19 80	J, to 5/2		that (1) (w
21 :	saw the dec				5010	nd that in (my) (aur) apinian	death accurred an the date and	haur and fram the	causes sta
E	22b. SIGNATURE	N A	riew the bady	after death		DEGREE	/	22c DATE	SIGNED
=		-1171	(/()	D		1 ) ATTENDING	MEDICAL STAFF	5	17/
ž		11 00	UP.	~ 00		PHYSICIAN (			14
< _	22d. PHYSICIA			AL PR	RID	22e ADDRESS		00010	1
~		7	IAN	17, 111	1010	1291 KI	RHIE HWY A	RIVEI	
POR			1						
IMPORTANT	23a. BURIAL, CREMATIC		23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
IMPOR	(SPECIFY)	N, REMOVAL	23b. DATE	A1 - 197-27		CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	
	230. BURIAL, CREMATIC (SPECIFY)  Burial - To	n, REMOVAL		A1 - 197-27		cemetery or crematory arles Cemetery	Farmingdal	e New Yo	sta



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Find retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the turnial during should be detached for use as the burial-transpermit. Hen please remove corbon papers. Pages I and 2 should be filed within 77 hours after the state beginning to burial, cremation, ar removal.  IMPORTANT: If them 21 is marked or them 18 shows any injury or after the medical examiner must her hard hard the data once.	1 State of the sta
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HY GENE
CERTIFICATE OF DEATH

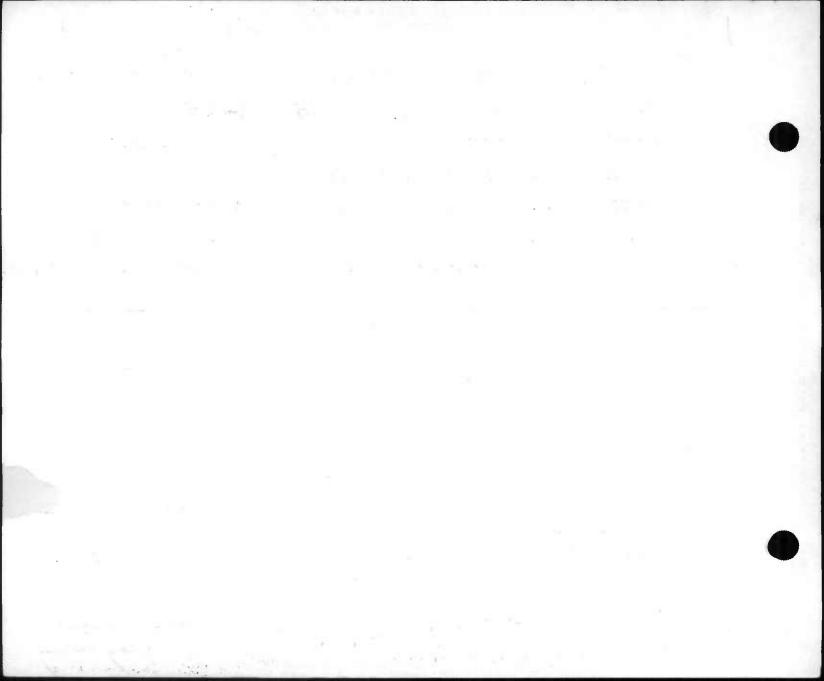
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1	FOR	DEPA	RTMENT OF H	EALTH AND MENTAL HY	ENE ()	14//
1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	,
1. DE	CEASED NAME FIRST	WIDDIE	ı	AST	20. DATE OF DEATH MONT	TH DAY YEAR 2b. HOUR
(TYPE	Druscille	2) E	Ne	SON	5	-26-80 85 PM
3 SE	X 4	RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY	
F	emale	White	MONTH 2	2002	78	MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OF FOREIGN 71	CITIZEN OF WHAT COUNT	RY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
	Maryland	USA	WIDOWE		Anne Arunde	AD.
10,C		1. NAME OF HOSPITAL, NU	RSING HOME C		120 USUAL OCCUPATION	12b KIND OF BUSINESS OR
MA	VA Apolis, Md.	ANNE HYUNK	le G	everal Hosp	Housewife	RKING LIFE) INDUSTRY
USU,	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE B		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
M	aryland Anne	Arundel Annapo		YES 🔀 NO 🗌	8 Porter Dr	ive
14. F.A	ATHER'S NAME FIRST MI	DDLE LAST		15 MOTHER'S MAIDEN NAM	WE	LAST
E	dwin	Daughert	ty	Elizabeth		Blair
	VAS DECEASED EVER IN U.S. ARM		ECURITY NO	17 INFORMANT	7298555 T	Crappers Place
(	(IF YES, GIVE V	266-40	7265	John B. Nels	on Jr. Spring	field, Virginia
	18 CAUSE OF DEATH Enter only	one cause per line for,ial, ib	ond ic	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- 11	PART I. DEATH WAS CAUSED  IMMEDIATE	1 1 1 0 0	del a	breen		
	2131	C/1002 (5),	outlier of	1		
	Conditions, if any, which	DUE TO, OR AS A CONSE	TO CEAL	to a		
	gave rise to immediate	1b)	00000	001		
	cause 101, stating the underlying couse last.	DUE TO, OR AS A CONSE	OUENCE OF			
	onderlying coose last.	(c)				
NO	PART 2 OTHER SIGNIFICANT CO	) NDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PART 10
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b	. IF YES, WERE FINDINGS USED
띪					YES   NO	CERTIFYING CAUSES OF DEATH?
ER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		71r HOW IN HIPV OCCUPP	RED (ENTER NATURE OF INJURY IN I	
2	OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR	THE HOLL HAJORI OCCORR	CED TENIER INVIORE OF INJURY IN	IEM ID, PART I OK PART 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
ED I	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE FARM ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	WHILE NOT WHILE AT WORK		ice, i mini, e reij	,		
	22a. I certify that (t) (this hospita	il) ottended the deceased fro	m_ 4/2	180 19	10 5/26/80	, 19, that (I) fwe) last
	sow the deceased alive an above, (1) (west-did) (did not)	\$ 5/26/80	9, or	nd that in (my) <del>(ou</del> r) opinion o	death occurred on the date a	nd hour and from the causes stated
	22b. SIGNATURE /	view the body after death.		DEGREE		22c. DATE SIGNED
	Hanly 11	Welling.		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 6/21/1/2
	22d. PHYSICIAN'S NAME (TYPE OR	PRINT	<del></del>	22e ADDRESS	J DIRECTOR FITTSICIAN	0,00,00
	CA1112			727 Cothodan	7 C4 Ammono	7.4 - 363
23a. E	SURIAL, CREMATION, REMOVAL		23; NAME OF C	EMETERY OR CREMATORY	1 St., Annapo	
(	Burial				CITY OR TOWN	COUNTY
74 Fi	JNERAL DIRECTOR	0)-27-00	ouniar.10	lge Cemetery	Crisfield, S EREC'D. BY REGISTRAR 256. (	
	NAME - / //ALT	4 Denos		1 1177	V 9 8 1000	rofting/Xalreads
Be	all Funeral Home	e, 1212 West 3	ot., Ann	na., Md. MA	1 4 0 1300	/

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

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	1	- 1		FOR		DED 4 DEL		E OF MARYLAND		1 1	4 7	Ω
	1	7	1 -	STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. N	1 1	6.5	Q
				CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
pe /	poge 3	- 1	3411)	Jame	5	E	Ne	Ison	3	15	- 80	8'AM
90	for, po		3. SEX		4 RACE	)	5. DATE (		6. AGE (IN YEARS LAST BIR	The state of the s	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
age 7	ors o			N	C	_ NEGRO	2	22 15	65	YRS		
		35		RTHPLACE (STATE OR FOREIGN	76 CITIZEN C	S.A.	MARRIE WIDOWI	NEVER MARRIED DIVORCED	ANNE ARI	_		MD.
L	by filed	Political Street	100	TY OR TOWN OF DEATH	(IF NOT IN	OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET ARUNDEL GE	ADDRESS)	HOSPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST		12b. KIND OF INDUSTRY	F BUSINESS OR
24 hour	⊆ e	ed S.S.	USUA 130. S M	AL RESIDENCE (IF NURSING HOMI TATE 136 CC ARYLAND	OR OTHER INSTITUTE	ON, GIVE RESIDENCE BEFORE  13c. CITY OR TOW  ANNAPOLI	'N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 31 Carve	er Stree	et	
vithin.	ely 2 sh	mine	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
peter	9 -	\$21		JAMES	E.	n'ëls(		LOLA	M.		DI	GGS
oe execu	on and c	medica	láe V	VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES GIVE WAR OR DATES)			BLANCHE FOW	LKES 2040 Pa		c. Anna	apolis, Md.
ě	ar removal	natic event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED 8Y IATE CAUSE (a)	per the for io, its on lend or OR AS A CONSEOUE	lun	- intra older	nivel dise	an-	APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
at the death	by the ottendi ise remove car , cremation, at	y, or oth		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	(b), DUE TO,	OR AS A CONSEQUE	ENCE OF					
quires th	Then pleo to buriol		NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN	IN PART 1(o	.5
ne low re	prior	shows swoys	CERTIFICATION	190 DATE OF OPERATION	196 CON	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	NG CAUSES	GS USED OF DEATH?
Z T	is certificate has burial-transit pe Mental Hygiene	8 G	CER	210. ACCIDENT WAS UNDERLYING	110110	OF INJURY A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART	1 OR PART 2)	
SICIA og pl	certificate rial-transif ental Hygi	He H	CAL	OR CONTRIBUTING CAUSE OF	DEATH	P.M.	19					
d PHY	the and	ŏ	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		CE OF INJURY , STREET, FACTORY, OFFICE, F	ARM, ETC.}	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
N P	use as Health	is morked		220-1 certify that (I) (this ha	5/11/	/	19		. 10	80 19.		that (I) <del>(we)</del> lost
ATTE	DIRECTOR ached for u Dept of He	m 21		sow the deceased alive above, (1) (we) (did) (did	not) view the bo	dy after death.		nd that in (my) ( <del>out)</del> opinion	death accurred on the c	lote and haur a		
₹ <del>†</del>	NERAL DIREC be detached e State Dept	71. If her		226 SIGNATURE	Whi	no ch ~	~	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		DATES	5/8J
_ 0	Should be det	MPORTANT: If hem 21		27d PHYSICIAN'S NAME (TYP	OR PRINT)			22¢ ADDRESS	-			
To see	5 4 3	≥		URIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	co	UNTY	STATE
BP_		-		BURIAL	5-19			SLEY CHURCH	CEME. Water	rbury	Mary	
	MH-16 2			ILLIAM REESE	& SONS 1	MORTUARY,	nnapo P.A.	lis, Md.	MAY 1 9 198	D REGISTA	SIGNA	Cherry



DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OK ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 minuterined by the hospital or ottending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, earlies should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filed within 72 hours aftire with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.
IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical examiner fluxt be fightlied at once.

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. N		4/	4	
		CEASED NAME FIRST	1	MIDDLE	L	AST				2b. HOUR	
1	(TYPE	OR PRINT) Patri	ck I	rvin A	llen	Olson		Mav	3 80	0342 M	
	3. SEX	X	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS	
		Male	Cauc	asian	Fe	b 6 <sup>AY</sup> 4 <sup>E</sup> 3	37	YRS.	ONTHS DAYS	HOURS MIN.	
8	7o. BII	RTHPLACE (STATE OR FOREIGN FOR	16 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	Anne Ar		OF DEATH	***	
	10 CI	ty or town of DEATH Meade, MD	(IF NOT IN SUC	H FACILITY, GIVE STREET	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF US Navy	F WORKING LIFE	INDLISTRY	F BUSINESS OR	
5	130 S			GIVE RESIDENCE BEFORE 134. CITY OR TOWN 0 dent	N	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 645 Cha			ive	
20			MIDDLE	Olso	n	Patricia	Ruth		Jorg	1	
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS	116/2007	Md.	
		es 19	80	548-623	467	Sharon Ols	on, 645 C	hapel			
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per DBY.	line for (a), (b), and	d (c)		4		BETWEEN C	MATE INTERVAL	
		Multiple trauma secondary to car  8/59  DUE TO, OR AS A CONSEQUENCE ON THE CAUSE OF									
	7	Conditions, if ony, which	DUE TO, OI	R AS A CONSEQUE	VCF QF	SHALL SEL					
		gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF									
	NO	PART 2 OTHER SIGNIFICANT (	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(c	2)					
	CERTIFICATION	198 DATE OF OPERATION	196 CONDI	TION FOR WHICH	CH OPERATION WAS PERFORMED 200 AUTOPSY?			20b. IF YES,	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
4	RTIFI	N/A	N/				YES NO	YES		NO X	
2		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA		21c HOW INJURY OCCURR					
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e. PLACE (	OF INJURY	3 18	O Car left	road, str		ree		
	W	WHILE AT WORK AT WORK	Stre	EET, FACTORY, OFFICE, FA	ARM, ETC.]	Mapes Rd.	Ft Meade		eArun	STATE MD	
		220.1 certify that (1) (this hospi	tol) ottended th				, to	, 1	9	that (1) (we) lost	
7		saw the deceased alive on obove (1) (we) High did no	I view the body	after death		d that in (my) (our) opinion o	death accurred on the de	ote and hour			
		SIGNATURE CALL	e ah	allon	VY	DEGREE ATTENDING _	MEDICAL STAI	:F 🕢	5/3		
H		BRUCE DALT ( 22d. PHYSICIAN'S NAME (TYPE O	N, MD,	LTC, M	C	PHYSICIAN L 27e. ADDRESS	DIRECTOR PHYSIC	IAN [A]	10/0	700	
1		Bruce Dalto	n, MD,	LTc. M	c.	KIMBROUGH	ARMY HOSP	ITAL,	Ft. I	Meade	
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c, N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	
		Removal	May6.	1980			Oak Har	bor, I	sland	Wash	
	W.	W.Chambers, 8	655 Ge	orgias A	ve,S:	0.00 00	AY J 1980	1	Lar's SIGNATI		

DHMH-16 50M7/77 (VR A 15 (4))

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RESTON ST., BALTIMORE, MARYLAND 21201	death certificate be executed within 24 hours ofter d
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DEPARTM	ENT OF H	OF MARYL	MENTAL HYG	or O	REG. NO	adelline de la constante de la	e d	8	٥	
9-	Č	ST		2a. DATE O	DEATH /	FO #	DAY	YEAR	26. HOU	R 33.
	5. DATE O	F BIRTH	YEAR O	6. AGE (INY	ARS LAST BAT	YRS.	MONTHS	DAYS	IF UNDER HOURS	MIN.
COUNTRY?	8 MARRIED WIDOWE		MARRIED	9. BALTIMO	RE CITY O		IDEL			ME
ITAL, NURSINGLITY, GIVE STREET	(DDRESS)	DR.	STITUTION	120 USUAL (TYPE OF WOR	OCCUPATI K FOR MOST O	F WORKING	IFE) IND	KIND O USTRY	F BUSIN	TO X
ASADE	ADMISSION)	13d. INSIDE YES 🗌	CITY LIMITS?	13e. STREET	ADDRESS KELL	ING	TON	T	PiZ.	
DAWSO	,	15. MOTHER	S MAIDEN NA FIRST MARY	ME	MIDDLE				(CAS	
SOCIAL SECU		17. INFORM	ANT SMIT	2.1	ADDRE		12 %			

1 -	FOR STATE REGISTRAR			DEPARTN		EALTH AND				NO	1 4 0	u	
	CEASED NAME OR PRINT)	FIRST		IODLE &	Č	) TT			OF DEATH	180=	DAY YEAR	26. HOU	32M
3. SEX	+>	4. R	ACE		5. DATE O		YEAR	6. AGE	(IN Y ARS	BETHDAY)	MONTHS DAYS	IF UNDER	MIN
	+		WHITE	E	7	3	01		78	YRS			
	RTHPLACE (STATE OR FO		CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER	MARRIED		IMORE CIT		NDEL		MD.
10 CI	MARYLAN TY OR TOWN OF DEA		NAME OF H	IOSPITAL, NURSIN	IG HOME C			12a US	UAL OCCUP	ATION	12b. KIND C	F BUSINE	SS OR
T	ASADENA	Marie II	(IF NOT IN SUCH	FACILITY, GIVE STREET		DR.			ILES LA		DEPT	. 57	TORE
USUA	AL RESIDENCE (IF NURS	13b. COUNTY	7 1 7	GIVE RESIDENCE BEFORE	ADMISSION)		CITY LIMITS		REET ADDRE	SS	TON! T	250	
14 5 4	MD.	ANNEH	RUNDEL	PASADE	NA	YES   15 MOTHER	NO K		O VE	LLINGT	1014 13	70,	
II FA	CHARLES	MIDE	OLE	DAWSO	N		FIRST		MIDDL			(CAS	
16a. V	VAS DECEASED EVER	IN U.S. ARME		16b. SOCIAL SECU	RITY NO.	17. INFORM	- 29		AD			HIE.	
()	NO NO	(IF 1E3, OIVE WA		214-12-	4460	DONAL	LD SM.	ITH		PA	SADENA	MD.	
NO	Conditions, if any gove rise to imm couse (b), static underlying couse	mediate ng the lost.	(b) DUE TO, OF	R AS A CONSEQUE	ele a	NOT RELATE	Cas ED TO THE T	TERMINAL D	ISEASE OR C	ONDITION	GIVEN IN PART 1	(0)	
CERTIFICATION	190. DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED		AUTOPSY?	IN CE	YES, WERE FINDI RTIFYING CAUSE YES [		TH?
	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	216. TIME O HOUR A	M. MONTH D	AY YEAR	21c. HOW	INJURY OC	CURRED (EM	ITER NATURE OF	INJURY IN ITEM	18, PART 1 OR PART 2)		
MEDICAL	21d. INJURY OCCUR	/HILE 🗀	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	JH. LOCAL			cityo	P MADE	COUNTY		PEAT
	220. I certify that (I sow the decease above (II) (we) ( 22b. SIGNATURE		- 1	-	80.	nd their in (m	ATTENDIN PHYSICIA	IG MEE	/	STAFF _	hour and from the	that (1). If courses st	toted
	22d. PHYSICIAN'S,N	UAS/	ACTO	ESY	Long	22e ADDR	ESS FUT	OPI	E wo	od t	Pol El	3/2/	1961
	BURIAL, CREMATION	, REMOVAL	23b. DATE			CEMETERY O	R CREMATO		LOCATION CITY OR TOWN	2	COUNTY		TATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any injury, ar ather traumatic event, the medical exam

5-5-80 GLEN HAVEN MEM. PARK GEEN BURNIE A.A.

MD.

BP

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the haspital ar attending physician.

DHMH - 16 25M (VR A 15 (4) ) 9/74 24 FUNERAL DIRECTOR ROBERT BARRANCO

BURIAL

SEVERNA PARK, MD. MAY 6

1980

# STATE OF MARYLAND

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	- 3		

FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIEN) () REG. NO.	481					
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR					
Mar	y Josep	hine Peluso	May 6, 1980	3,30P.M					
3. SEX	4 RACE	5 DATE OF BIRTH	MON	UNDER I YEAR IF UNDER 24 HRS					
Female	White	September 12,1903	76 YRS						
78 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED							
New York	U.S.A.	WIDOWED KIK DIVORCED							
Glen Burnie	North Arunde	1 Hospital	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	12h, KIND OF BUSINESS OR INDUSTRY					
	e or other institution, give residence DUNTY 13c. CITY OR ne Arundel Ferna	TOWN 1134 INSIDE CITY LIMITS?	13R STREET ADDRESS 402 Packard Ave.	21061					
William	MIDDLE LAST	rfajan IS MOTHER'S MAIDEN N FRST Dora	AME	Press					
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	SECURITY NO 17 INFORMANT	ADDRESS Fernd	lale, Md. 2106					
No		2-9937 Mr. William	F. Peluso, 502 Pack						
	(c)	GEOUENCE OF SCUL		polition and application.					
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	1% CONDITION FOR W	HICH OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?					
OR COMPANIENCE COMPANIE	DEATH HOUR A.M. MONTH		IRRED (ENTER NATURE OF INJURY IN ITEM 18, PART						
OK CONTRIBUTING CAUSE OF	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE					
The second secon	220. L certify that (I) (this hospital) attended the deceased from 3/80 19 19, to 4/26/819, that (I) (we) last saw the deceased alive no object, the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19								
776 SIGNATURE	moun	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/7/80					
Dr. Carlos	N. Patalinghug	220 ADDRESS 403 E. Pat	apsco Ave., Baltimo	ore, Md. 21225					
230. BURIAL, CREMATION, REMOV		23c NAME OF CEMETERY OR CREMATORY	CITY OR TOWN CO	OUNTY STATE					
Burial Burial	5-9-1980	Dulaney Valley Mem.	Gard., Cockeysville	Balto., Md.					

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit.
with the State Dept. of Health and Mental Hygiene pr.
IMPORTANT: If Item 21 is marked or Item 18 shows

23d LOCATION COUNTY d., Cockeysville, Balto., 23c NAME OF CEMETERY OR CREMATORY

Dulaney Valley Mem.Gard., Cocke 24 FUNERAL DIRECTOR ADDRESS Hubbard Funeral Home Inc 4107 Wilkens Ave 21229

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IMPORTANT: If Item 21 is

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FOR - STATE

REGISTRAR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	0		, ,		-	Corte	
		REG. N	10.				
20	DATE C	F DEATH	MONTH	OAY	YEAR	2b. HQ	UF
		- 3		30	80	71	5
6 /	AGE (IN)	YEARS LAST BI	RTHDAY)	IF UN	DER I YEAR	IF UNDE	R 2
	/	5		MONTH	S DAYS	HOURS	Т

YES

126 KIND OF BUSINESS OR

LAST

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1. DECEASED NAME (TYPE OR PRINT) 3 SEX 4 RACE 5 DATE OF BIRTH 6) BALTIMORE CITY OR COUNTY OF BEATH 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) DIVO OR TOWN OF DEATH ORKING LIFE) CITY LIMITS? YES 14. FATHER HER'S MAIDEN NAME MIDGLE FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) III. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF (AT HOME, STREET NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from

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INJURY FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STAT
18	DO+ 18	3000	10 (7)	

8	nd that in (my) (au	9_8_	to C	(0)	19	that (I) (we) la	ast
	nd that in (my) (au	r) apinian deatl	h accurred on th	ne date and ha	ur and fram the	causes stated	
_	DECIREE				22, DATE	WENED.	_

UV	PHYSICIAN [	LDIRECTOR []	PHYSICIAN []	30	1/08
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	21 CATHER	DRAL S	t. Has	WAPO his	MD.
ET MANGOF CEMET	ERYOR CREMATOR	Ba	tuoo	P.G.	M STATE
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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE

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REG.	NO.				

REGISTRAR			CERTIFICATE OF DEATH		REG. NO.	, ,	D.S.T.
DECEASED NAME	FIRST	MIDDLE	LAST	2a. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	DORA	P	LAKOTARIS		MAY 7	, 1980	12:40
SEX		4 RACE	5. DATE OF BIRTH	6 AGE INYEA	ARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female		White	M9NTH 12 96	84	YRS.	MONTHS DAYS	HOURS MIN.
O. BIRTHPLACE (STAT	TE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMOR	E CITY OR COUNT	Y OF DEATH	
Greece		Greece	MARRIED   NEVER MARRIED	ANNE	ARINDEL C	CHIMITY	AA 1

WIDOWED O. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DIVORCED | ANNE ARUNDEL COUNTY 126 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife

GLEN BURNIE NORTH ARUNDEL HOSPITAL 136 COUNTY

Manola kis

13e STREET ADDRESS 1619 Earlham Avenue YES X NOF

Md. Arundel Crofton 14 FATHER'S NAME MIDDLE

FOR

Michael

NO

WHILE

15 MOTHER'S MAIDEN NAME MIDDLE Eftihia

Mrs. Angeline Lefter,

, 1619 Earlham Avenue Crofton, Md. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 234-10-4946B

18 (	CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIAT		WEEN ONSE
Có	A10 - nditions, if any, which ve rise to immediate	DUE TO, OR A CONSEQUENCE OF Supretion with atmit gibills	
CO	use a, stating the derlying cause last	DUE TO, ON AS AND EQUENCE OF The Carbo vosula Drien	1

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a

TIFICATE	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTO		206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	
ER.	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCURRED	(ENTER NA	TURE OF INJURY	( IN ITEM 18, PART 1 OR PART 2)	

OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY

NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from

sow the deceased alive an\_ and that in (my) (aur) apinion death accurred on the date and haur and fram the causes stated 22b. SIGNATURE DEGREE 22c. DATE

ATTENDING

22d. PHYS JAN'S NAME (TYPE OR PRINT

22e. ADDRESS 72E LICEDITAL DRIVE

JOSÉ M. PRESBITERO, M.D.	GLEN	BURNIE, MARY	LAND 21061
BURIAL, CREMATION, REMOVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
Burial 5-9-80	Greek Orthodox Cem.	Baltimore	Baltimore

24 FUNERAL DIRECTOR

Nicholas T. Matthews, 3021 Eastern Avenue Baltimore, Md.

PHYSICIAN DIRECTOR PHYSICIAN

STATE

Md.

LAST

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FUNERAL DIRECTOR:

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST 20 DATE OF DEATH MONTH 2h HOUR 3. SEX 4 RACE AGE [INYEARS LAST BIRTHDAY] IF UNDER I YEAR DAYS **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT GOUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER 12b. KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) 130. STATE LOTHIA 13d INSIDE CITY LIMITS? 13e STREET NO YES [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH :Enter only one cause per Li PART I. DEATH WAS CAUSED BY

OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION . 21e PLACE OF INJURY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE WHILE AT WORK 7 80 220.1 certify that (1) (this haspital) attended the deceased from 19\_ sow the deceased give on above (1) (way did) (did not view the body after death. , and that in (my) (our) apinion death occurred on the date and hour and from the couses stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING. MEDICAL STAFF PHYSICIAN -DIRECTOR | PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 3403 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE CITY OR TOWN COUNTY VICH 0 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1980

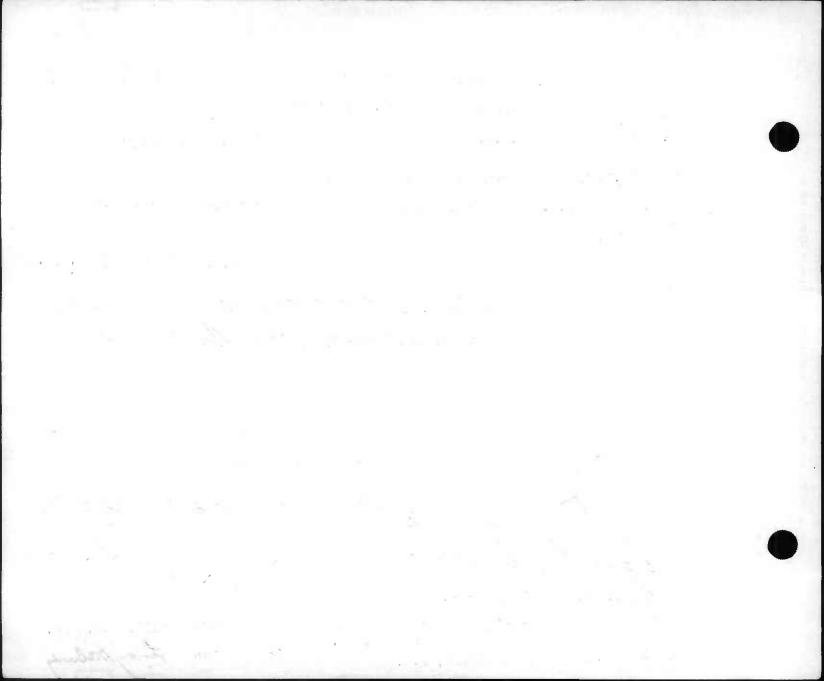
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FUNERAL DIRECTOR:

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ge 4 mo	3	SEX	alE	BAC	K_	Feb.		57	AGE (IN YEARS LAST BIR	YRS.		24 HRS MIN.
er dear Pa er funeral di within 72 ha			THPLACE (STATE OR FOREIGN	U.S.A.		WIDOWE		ED AA	BALTIMORE CITY C	ROUNTY OF	of DEATH	MD
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fille ould	1	IAF	YLAND A.A		VE RESIDENCE BEFORE  L. CITY OR TOW  DAVIDSO	N I			e street address 3121 Beard	s Poin	t Road	
ompletely and 2 sh	21	4 FA	FRANCIS	MIDDLE	PRÖČTO	R	15. MOTHER'S MAID BEATRI	ICE	WIODIE		THOMAS"	
be execution on the second sec	1	No w	AS DECEASED EVER IN U.S. AR	MED FORCES? 16 WAR OR DATES	SILO-108-	9755	FRANCIS	PROCI	OR 3121 B	SDavid eards	sonville:21 Point Rd:21	
e death certificate b e attending physicial move carbon popers, ration, ar remayal troumatic event, the			18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT 3 45 3 Conditions, if ony, which	E CAUSE (a)	se far (a), (b), and (b), and (b), and (c), and	15	Ep/ /5,	op.	V MA	1287	APPROXIMATE INTERVENT AND DESTRUCTION OF THE PROPERTY AND DEST	AL DEATH
s that the ed by the please rei rial, crem or ather			gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT C	(c)	AS A CONSEQUE		NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	IDITION GIVE	N IN PART 1(a)	
aw requ	1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITK	ON FOR WHICH	OPERATION	N WAS PERFORMED		200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDINGS USED VING CAUSES OF DEATH	H?
PHYSICIAN. The I and and a physicion. This certificate has the burial-fransit pe da Mental Hygiene da Mental Hygiene da mental Hygiene	2		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF I HOUR A.M. P.M.		AY YEAR	Auto A	Acci i	SEAT	RY IN ITEM 18, PA	RT 1 OR PART 2	
OING PHYS or attending After this of e as the but alth and Me		MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY T, FACTORY, OFFICE, F	FARM, ETC.)	R + 178	, ,	CITYORTO	us le	COUNTY STA	2
haspital ar IRECTOR: A hed for use ept of Healt			220 I certify that (I) this hospi saw the deceased alive on above, (I) (we) (did) (did no	5/6	19	(1 hales		opinian dec	, taath occurred an the d	ate and haur	9 , that (I) @ and from the causes stat	
			274 SHOWATURE	iler	m	2 '	DEGREE ATTENI PHYSIC		MEDICAL STA		221. DATE SIGNED	30
TO HOSPITAL Performed by the TO FUNERAL D should be detected with the State D IMPORTANT: IF	1		DENGLIANS NAME (TYPE O	A. Pic	KEII		22e ADDRESS					
BP		Bť	uriat, cremation, removal RIAL	23b. DATE 5-9-198	BO LA	KEMON'	EMETERY OR CREMA	VET EF	1- 2	sonvil		
DHMH-16 20M (VRA 15, 4) 7/7	- 1	WI	LLIAM REESE &	SONS MOR	ADDRESS I	napoli P.A.	s, Md.		Y 9 1980	75b. REGISTO	Ary Selfue	4

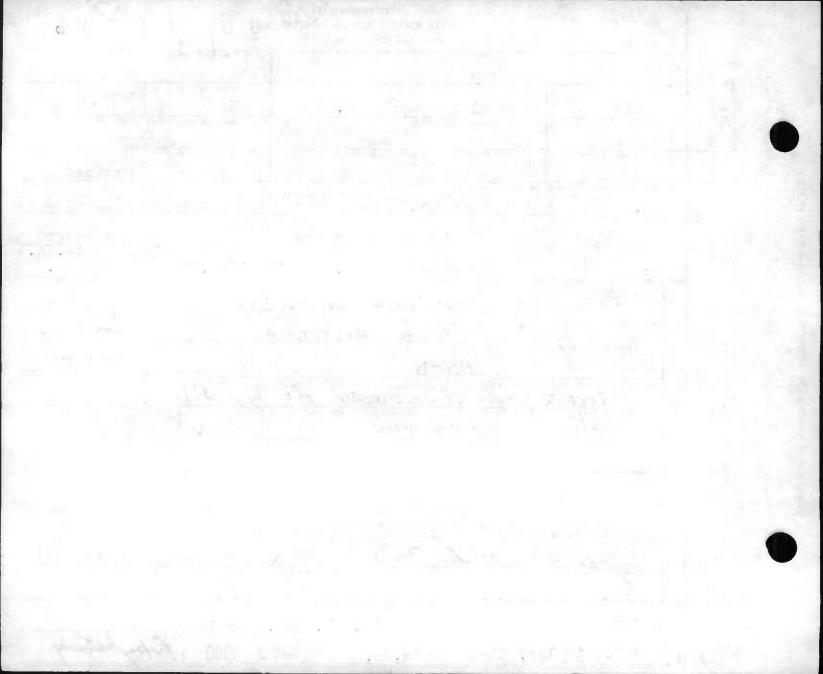


Page 4 may be

requires that the death certificate be executed within 24 hours after

TO HOSPITAL C., ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

		FOR STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO		4 8	Ć
3		CEASED NAME FIRST OR PRINT)		MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HO
		OTTO		N.) F	HIHI MA		May 6	1980	F UNDER 1 YEAR	8 - 3
	3 SE)		4 RACE	aion	5. DATE (	H DAY YEAR	85		ONIHS OAYS	HOURS
	7a BII	Male RTHPLACE (STATE OR FOREIGN	Cauca	WHAT COUNTRY?	Jul;	, and a	9 BALTIMORE CITY OF	YRS.	DE DEATH	
17	CC	DUNTRY)	IISA		MARRIE	D NEVER MARRIED				
	_	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		DR OTHER INSTITUTION	ANNE ARUNI 120. USUAL OCCUPATION	NC	12b. KIND O	F BUSIN
54	GL	EN BURNIE		CHEACILITY, GIVE STREET THE ARUNDE I		ITAL	(TYPE OF WORK FOR MOST OF Farmer		Retir	ed
20		AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	13c. CITY OR TOW			13e. STREET ADDRESS			
15		Md.	AA	Odento		YES NO	1390 Meye	r Sta	tion	Roa
	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAST	r
220		Frederick		Puhlma		Louise			eidenm	
		VAS DECEASED EVER IN U.S	S. ARMED FORCES? S, GIVE WAR OR DATES)	166 SOCIAL SECT		17 INFORMANT			Burn	
1		No		212-36-	5/81	Mrs. Melvin	n Allen, 78	22 Ua		
		18. CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er anly one cause pe			1 1 5 00 -			BETWEEN C	1
	$\Gamma$		DIATE CAUSE (a)	MYOCA	KDIA	L INFARC	1102		ohe	ho
Tac T		410-	DUE TO, OR AS A CONSEQUENCE OF						two	bou
		Canditions, if any, which (1b) CARDIAC ARRHYTMIA							7700	
or other		cause (a), stating the underlying cause las	TOUR TO, OR AS A CONSEQUENCE OF						mony	Ye
		PART 2 OTHER SIGNIFICA	NI CONDITIONS C	ONTRIBUTING TO	DEATH RUT	NOT RELATED TO THE TERM	INAL DISEASE OF COME	DITION GIVE	N IN PART 10	1)
	NO	Porn	nt rep			erated left	/ /	Pern 12		
-	ATIC	190 DATE OF OPERATION				N WAS PERFORMED	206 AUTOPSY?	206. IF YES,	WERE FINDIN	
2	CERTIFICATION	5/6/80	) inca	prerated	hernie	2	YES NO	IN CERTIFY YES	ING CAUSES	OF DE NO
0	CER	210. ACCIDENT WAS UNDERLYIN	110110	OF INJURY	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	RT 1 OR PART 2)	
9	N.	OR CONTRIBUTING CAUSE ( (IF EITHER, NOTIFY MEDICAL EXAM	DF DEATH	P.M.	AY TEAK 19					
o pa	MEDICAL	21d. INJURY OCCURRED	LAT MOME S	OF INJURY	FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	/N	COUNTY	
2	*	AT WORK AT WORK		.,						
		02 2 -16 -1 -11 (4)	hospital) ottended t	he deceased from_			, to		9	
						nd that in (my) (our) opinion	death accurred on the do	te and hour	and from the	couses
		sow the deceased alivabove, (1) (we) (did) (d	re an id nat) view the bpd	y After death.	, a		second decorated on the de	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		sow the deceased aliv	re an id nat) view the bpd	y After death.	ر - ر ه	DEGREE			22c. DATE	SIGNE
		sow the deceased oli above, (Miwe) (did) (d 22b. SIGNATURE	I'd nat) view the bpd	y liter death.	m]	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗌	22c. DATE	SIGNE 8/
		sow the deceased alivabove, (1) (we) (did) (d	I'd nat) view the bpd	resles	m]	ATTENDING PHYSICIAN 2	MEDICAL STAF DIRECTOR PHYSIC A Furnace B	ranch	Road	SIGNE 8/
		sow the deceased alimabove, (I) (we) (did)	I'd not) view the bpd	essler,	m]	DEGREE  ATTENDING PHYSICIAN 2  22e ADDRESS 7445- Glen	MEDICAL STAF 1 DIRECTOR □ PHYSIC A Furnace B Burnie, Mar	ranch	Road	SVENE 8/
	(	sow the deceased ali above, (1) (we) (did) (d 22b. SIGNATURE 22d. PHYSICIAN'S NAME (	I'd not) view the bpd	essler,	m]	ATTENDING PHYSICIAN 2	MEDICAL STAF DIRECTOR PHYSIC A Furnace B	ranch :	Road	SIGNE 8/



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH 7h HOUR Clifford C. Purner 5-28-80 10:40am 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR DAYS HOURS 9-20-03 male Caucasian 76 years BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? Wash. D.C. MARRIED NEVER MARRIED USA Anne Arundel County, WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Annapolis Anne Arundel General Hosp. well driller self employed USUAL RESIDENCE, HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 2578 River Terrace 13d INSIDE CITY LIMITS? Maryland Anne Arundel Edgewater YES X NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Amelia Yost Ferdinand Purner ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-12-9372 Ethlyn L. Purner 3578 S. River Terrace no Edgewater, Md. Between Onset and Death 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Metastatic carcinoma of colon 1 vrs IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause ial, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CERTIFICATION

PART 2. OTHER SIGNIFICANT CON	IDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMIN	I AL DISEASE OR CON	DITION GIVEN IN PART 110
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	n was performed	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	VN COUNTY STAT

22a. I certify that (I) (the transfer of the deceased from Feb. 17, 1979, 19. sow the deceased olive an Manual 1000 abave, (1) (w. XXXX (did not) view \$1 \times bady after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF

224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

Hardesty Fuenral Home 12 Ridgely Ave. Ann. Md.

Charles W. Kinzer, M. D., P. A.

16 Murray Avenue, Annapolis, Maryland 21401 23c. NAME OF CEMETERY OR CREMATORY

Washington, D.C.

STATE

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 5/30/80 Rock Creek 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256. RE 1980

PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 1/76

(VR A 15 (4))

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	FOR STATE REGISTRAR	DEPARTMENT OF H	TE OF MARYLAND HEALTH AND MENTAL HYG ER'S CERTIFICATE OF E		488
	ECEASED NAME FIRST  YPE OR PRINT)  RICHAL	ed A	RABAK	20. DATE KNOWN MONOR STILL DEATH MATED	25 19 SO 26. 1
3. SE	m w	S 16 17 63 YR	RS FUNDER 1 YR. IF UNDER 24 H (Y) MONTHS DAYS HOURS MIN (S.		- 25 1950 L
7 10	ashington, D.C.	V.S. A.	8. MARRIED NEVER MARRIED ( WIDOWED DIVORCED	ANNE AZO	rude. L
14	NNOPO/IS	11. NAME OF HOSPITAL, NURSING HOME, US of IN SUCH FACILITY GIVE STREET ADDRESS)  OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISS.	11	USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)	ORK 126. KIND OF BUSINE OR INDUSTRY  U.S. Gov'
130. 3	Maryland Anne		YES NO 15	STREET ADDRESS 907 Joe Road	
d P	Frank .	MIDDLE RabaK	15. MOTHER'S MAIDEN N. FIRST ROSE-	Mary	Tauchon
( )	WAS DECEASED EVER IN U.S. ARME YES, NO, OR UNKNOWN) (IF YES, GIVE WA YES	AR OR DATES)		aback - Same as	
	gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	(b)			
		MINIBUTING TO GEATH BUT NOT RELATED TO THE TERMIN	MAL DISEASE OR CONDITION GIVEN IN PART 1 (a	).	
TION		Light CONDITION FOR WHICH OPEN	TIQUIA CONTROL		
TIFICATION	190. DATE OF OPERATION	19b, CONDITION FOR WHICH OPERA	ATION WAS PERFORMED?		20 AUTOPSY?  YES \( \square\) NO
CAL CERTIFICATION		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED 1EM	HTER NATURE OF INJURY IN ITEM 18 PART 1 C	YES NO
MEDICAL CERTIFICATION	190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS UNDERLYING   OR	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED 1EM	HER NATURE OF INJURY IN ITEM 18 PART 1 C	YES NO
	190. DATE OF OPERATION  21a EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF DE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that I taak charge of deoth resulted from: Notation	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. HOW INJURY OCCURRED (EN 21f. LOCATION STREET  Autopsy  , Inspection cide  , Ur	CITY OR TOWN  Inquiry , ond in my determined monner .	YES NO
	19a. DATE OF OPERATION  21a. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF DE. 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that I taak charge of death resulted from: Natural	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. HOW INJURY OCCURRED (EN 21f. LOCATION STREET  Autopsy  , Inspection cide  , Ur	CITY ORTOWN  Inquiry , ond in my determined monner .	YES COUNTY  y apinion

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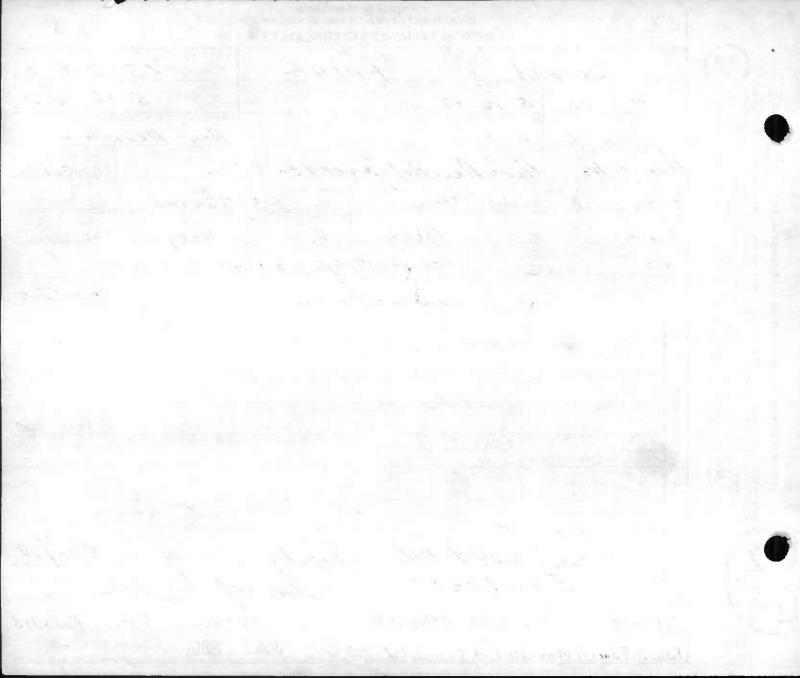
24. FUNERAL DIRECTOR

25a. DATE REC'D. BY REGISTRAR

MAME HUNCIAL Home, Box 45A, Owings, Md. 20836

JUN 2 1980

25b. REGISTRAR'S SIGNATURE



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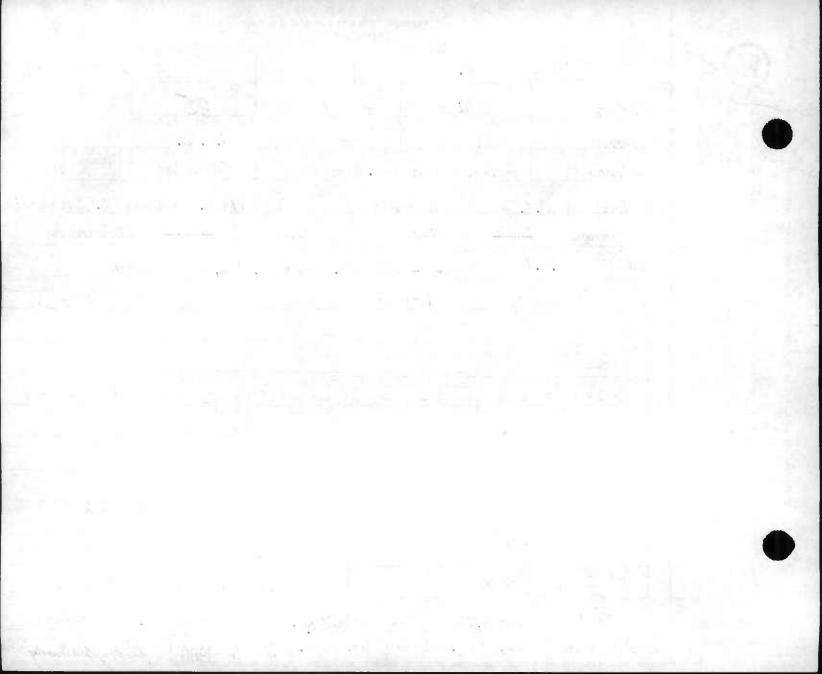
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### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2b HOUR YEAR (TYPE OR PRINT) 0 DM 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR WHite To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWEDXX enna DIVORCED 0. 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Hammonds Lane Nurs. Home arpenter USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COUNTY 1137 CITY OR TOWN 13b COUNTY 13e. STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Governors (t. Glen Burnie Maryland YES Burnie en 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ries Anna MIDDLE Lichtenhahn yeoroe ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? MES, NO OR UNKNOWN A HYES GIVE WAR OR DATES) es Mr. Richard H. Ries, Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFIGANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 1241 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NOF YES [ NO [ 21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21e PLACE OF INJURY 21f LOCATION 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a. I certify that (1) (this hospital) attended the deceased fram saw the deceased alive an\_ and that in (my) (our) opinion death accurred an the date and haur and from the couses stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF PHYSICIAN OF DIRECTOR PHYSICIAN [ 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION REMOVAL 23d. LOCATION 23h DATE CITY OR TOWN (SPECIFY) Burial Mem. Park Howard Willy Funeral Home, 237 E. Patapsco Ave. Balto.

DHMH - 16 50M 1/76 (VR A 15 (4))

DIRECTOR:



MARYLAND

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

INDUSTRY

206. IF YES, WERE FINDINGS USED

MD STATE

REGISTRAR			CERTIFICATE OF DEATH	REG. NO.		D. O. 1.
1. DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	MILDRE	D B.	ROPPELT	MAY	11 1980	5:00 A
3 SEX	4	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
FEMALE		WHITE	6 15 12° 12°	67 YRS.	MONTHS DAYS	HOURS MIN
TO BIRTHPLACE STATE	OR FOREIGN 71	CITIZEN OF WHAT COUN	VIRY? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
MARYLAND		U.S.A.	Married	ANNE ARUNDEL CO	YTNUC	M
IN CITY OF TOWN OF	DEATH 1	I NAME OF HOSPITAL N	HIPCING HOME OF OTHER INICTITUTION	12a LISTIAL OCCUPATION	125 KIND O	E DITCINIECC OR

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

NORTH ARUNDEL HOSPITAL LEN BURNTE USUAL RESIDENCE 13a. STATE

BALT IMORE

13d INSIDE CITY LIMITS? YES [

286 BLOOMSBURY AVE. APT. 4D

(TYPE OF WORK FOR MOST OF WORKING LIFE)

15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE SHEPPARD MIDDLE MARGARET LEHAN FRANK ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 21090 212-10-4720 515 SHIPLEY ROAD MO DAVITO C PUTSCHE

13t. CITY OR TOWN

CATONSVILLE

NO		212 10 4720	211, 22		
	H (Enter only one cause per	fine for (a), (b), and (c).	. 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH W.	IMMEDIATE CAUSE (a)	Congestive	Heart	Failure	yens
3940 Conditions, if any,		R AS A CONSEQUENCE OF	stenosi	16	years
gave rise to imm cause iai, stating underlying cause	g the DUE TO, O	R AS A CONSEQUENCE OF			7
	(c)				

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

				IN CERTIFYING CAUSE	S OF DEATH?
			YES NO	YES 🗌	№ □
? 1a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M., 19	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY	(IN ITEM 18, PART 1 OR PART 2)	
	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	V COUNTY	STATE
22a I certify that (I) (this haspital)	atjended the deceased from	19 80	, to _ +-11	19 80	, that (I) (we) la

saw the deceased alive an above, (1) (we) (did) (did not) view the	e body ofter death	ond that in (my) (as	ur) apinion death accurred on th	e date and hour and from the causes state
22b. SIGNATURE		DEGREE	/	22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE ORPRINT) SANG C. DOH M.D.

20g AUTOPSY?

		BURNIE.	MARYLAND	2106
70	 0.0.000	T004 10004	TION	

23g. BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE LOUDON PARK CEMETERY 5/14/80

BALTIMORE

HUBBÄRD FUNERAL HOME 4107 WILKENS AVE. 21229 1980

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

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19a DATE OF OPERATION

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DIVISION OF VITAL RECORDS, 20

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

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11	/ 1		FOR					E OF MARYLAND		. 0 0		1 4	9 1
//		1-	STATE			DEP		HEALTH AND MENT					DOM
		1. DEC	REGISTRAR CEASED NAME	FIRST	A	AIDDLE		LAST		REC	H MONTH	DAY YEAR	DST 2h HOUR
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fte	ò		Male		Whit	e	Mar		28	52	YRS	MONTHS DA	YS HOURS MIN.
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ov th	e 54		ty or town of DEA en Burnie	TH I	( IF NOT IN SUC	H FACILITY, GIVE 5	RSING HOME ( TREET ADDRESS)  1 Hospi	OR OTHER INSTITUTE	ЮН 11	ousual occur type of work for Mc Manage	ST OF WORKING	LIFE INDUST	RY Auto KlynMoto
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nd co	еше	16a V	VAS DECEASED EVER	(IF YES, GIVE	VAR OR DATES)		SECURITY NO	17 INFORMANT		AD	DRESS		
ian and	at, th		YES	W.W.	II	219-18	3-7158	Angela	Rous	se sam		13 e	
physicia papers. emoval.	even		18 CAUSE OF DEATH PART 1. DEATH W	A CAUSED	one couse per BY.	lighter (a), 16	and ich	000	Tu	min 14	noun	White The	POXIMATE INTERVAL
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has b rmit.	Dows	ICA]	196 DATE OF OPERAT	ION	196 CONDI	TION FOR WH	HICH OPERATIO	N WAS PERFORMED	D	20s AUTOPSY?	20b. IF Y	ES, WERE FIN	IDINGS USED MI
it p	us	ERTIF	21a. ACCIDENT WAS UND	EDIVING C	21b. TIME O	E INTHURY	N V.	121. HOW INCOME	OSCHOOL	YES NO		YES 🗌	ио 🗌
ysicie ertifi trans tal H	Item		OR CONTRIBUTING	AUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY	OCCURRED	) (ENTER NATURE OF	INJURY IN ITEM II	5, PART 1 OR PART	21
ng ph this c urial. Men	a or	MEDICAL	11 EITHER, NOTIFY MEDICA		P.I		19	211 LOCATION					
endir ofter the b	arke	ME	WHILE NOT WHAT WORK AT WO			REET, FACTORY, OF	FICE, FARM, ETC.]	STREET		CITY O	TOWN	COUNTY	STATE
DR: A	1 SI		220 I certify that (I)		ol) gettended the	e)deceased_fu	om	1 - 13 19	000	10 5	1	19 8	, that (I) (we) lost
or us	E.		saw the decease	dolive on	Urt	- 10	, ,	nd that in (my) (aur)	opinion dec	oth occurred on th	e dote and h	our and from	the couses stated
hosp DIRI Dept.	IT Ite		224 SIGNATURE	12	4	price dedin.		DEGREE		ancel .		27c. DA	ATE SIGNED
he tac		<u>-</u>	1 has	16	ha	~	_ ~	27 ATTEN	ICIAN I	MEDICAL DIRECTOR   PH	STAFF YSICIAN []		
od by	H I		226. PHYSICIAN YN					220 ADDRESS	25 Ri	tchie Hi	hway.	SE	
retained by t	MPOH I AN		Swadesk K					L G	1en B	urnic. M		1061	
		23a. B	Burial, CREMATION,		5/12			CEMETERY OR CREM		23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP		24 FI	INERAL DIRECTOR		11/14/			laven Mei	M PK	Glen :	Burni (		
DHMH-16 29 (VRA 15, 4)			eorge J.	Gono	e 400	1 Rito	hie H	4144)	1an	V 1 9 10	20	Cipay/	McCredy
		-	0-		0 100.		- A L L L L L L L L L L L L L L L L L L	77. y •	MIN		UU_	-	

1 C . 1 ( See Bases in Community of the The state of the s 

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

BP\_\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funshaud be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar removal.

				STAT	E OF MARYLAND	39 39 1	1 1 2 2
- 17	1	FOR	D		IEALTH AND MENTAL HYG	GIENE & U	9 9 2
	1-	STATE REGISTRAR	T EIR	CERTIF	ICATE OF DEATH	REG. NO.	
	1 DE	CEASED NAME	THEOU!		NAPT	20 DATE OF DEATH MONTH	PAY / YEAR 26 HOUR
		OR PRINT) SOPPILLE	en Oliv	DA.		5/	14/80/1030.
75	3. SE)	second	1. RAGE	5. DATE (	OF RIPTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR UF UNDER 24 HRS
8		IALE	NEGRO	MONTI		67 /	MONTHS DAYS HOURS MIN
			76 CITIZEN OF WHAT CO	UNTRY? 8	D XNEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
30	MZ	RYLAND	U.S.A.	WIDOWE	DIVORCED	UNNE UR	undel mo.
53	lo Ci	WORTOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH PACILITY, G		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
		AL RESIDENCE (IF NURSING HOME OR		NCE BEFORE ADMISSION)	1136, INSIDE CITY LIMITS?	13e. STREET ADDRESS	
50	MAF	TEAND 136 A.A.	GLAR	BVPMLE	YES NO XX	926 B. Bennin	g Road
D	14. FA	THER'S NAME	AIDDLE 1	AST	15. MOTHER'S MAIDEN NA		LAST
0.20		HOWARD	SELI		BLANCH		OWENS
	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	17. INFORMANT	ADDRESS Ga.	lesville, Md.
	. ,	YES NO OR UNKNOWN) (IF YES GIVE	AROR DATES) 213	705-0062	HENIRETTA SEI	LMAN 926 W. Ben	ning Rd.
2		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a	, (b), ond (c).)	11 0	ESTAVA TO MISH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	100	PART I. DEATH WAS CAUSE	E CAUSE (0)	mary	Huret.		
D		3611 D		0	4		. 4
	-	Conditions, if ony, which	DUE TO, OR AS A CO	WILL	Arten 11	Glace	lever Trending
		gove rise to immediate cause (a), stating the	(6)	-			1
7		underlying couse lost.	DUE TO, OR AS A CO	NSEQUENCE OF	wellit	Con.	· Jung struck
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUT	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
	z	PART 2 OTHER SIGNIFICANT C	ONDINONS CONTRIBUTI	NO TO DEATH BOY	NOT KEERIED TO THE TERM	MINAE DISEASE ON CONDITION O	TVERT AND THO
.—	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	IN WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
2	E.					IN CERT	TIFYING CAUSES OF DEATH?
5	E .	710. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		1214 HOW IN ILIRY OCCUP	YES NOW	YES NO NO
4		OR CONTRIBUTING CAUSE OF DEA	110110 144 4401	TH DAY YEAR			
- 1	ŏ.	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	201.105.47(0)		
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTOR)		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	1	AT WORK AT WORK				1 - 41 - 121	7
		22a. I certify that (I) (this hospi	1 144		19 74	10 Miny	. 19, that (I) (we) lost
		sow the deceased alive on above, (1) (wer (did) (did no	) View the body ofter deat	19 80.0	nd that in (my) (aur) opinion	death accurred on the date and he	our and from the causes stated
		226. SIGNATURE	22 /-	/ _	DEGREE		72c. DATE SIGNED
		Koduen Z	Buntile.	00 MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/14/20
-		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	1	22e. ADDRESS	- Interest - Interest -	1.11
1						In the state of th	
	23a. E	BURIAL, CREMATION, REMOVAL	5-17-1980		EMETERY OR CREMATORY R CHURCH CEME.	236 LOCATION Cal esville A	. AOUNTY Maryland
			7 11 1700				
		UNERAL DIRECTOR	AD.	DRESS Ann	apolis, Mo 250 DAT		STRAR'S SIGNATURE
	MT	LLTAM REESE & S	ONS MORTUAR!	, P.A.	YAMI	1 9 1980	/ /

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	LONG ANTONIO			
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		CONTRACTOR OF THE PARTY.		

# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumotic event, the medical examiner must be faitfied at once. requires that the death certificate be OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

DHMH - 16 50M 7/77 (VR A 15 (4))

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

ENE	8	0	1	1	4	9	3
		REG. NO.					

1.	FOR STATE REGISTRAR		NT OF HEALTH CERTIFICATE	AND MENTAL HYG OF DEATH	IENE 8 U	0.	4 4 3
	CEASED NAME FIRST	MIDDLE	LAST		2a DATE OF DEATH		EAR 26 HOUR
CITPE	MARIE	Bessie	SHEAR	ER	MAY	13, 1980	8150Pm
3. SE	X		DATE OF BIRTH		6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS DAYS HOURS MIN
	Female	Caucasian	May 1	7, 1923	56	YRS.	DATS HOURS MIN
7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	MARRIER [] N	EVER MARRIED	9. BALTIMORE CITY	COUNTY OF DEA	тн
1	Nichigan	11 44	VIDOWED	DIVORCED -	ANNE AR	UNDEL COUN	TY MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHE		12a. USUAL OCCUPAT	ION 126 KI	IND OF BUSINESS OR
1	GLEN BURNIE	NORTH ARUNDEL	_	L	Key Punch	Operator	Computer
13a.	STATE II3h COU	POTHER INSTITUTION GIVE RESIDENCE REFORE AD	MISSION) 13d. IN YES [	SIDE CITY LIMITS?		rny Drive	21122
14. F	ATHER'S NAME Raymond	MIDDLE Annstron		Bessie	MADDLE		Ames
16a. \	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURIT		ORMANT	ADDR	- 44	10
1	YES, NO OR UNKNOWN) (IF YES, GIV	385-24-81	724 Mr	s. Billie	Robinson	Same as #	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
CERTIFICATION	Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENT  (b)  DUE TO, OR AS A CONSEQUENT  (c)  CONDITIONS CONTRIBUTING TO DE.			Se/2 UNINAL DISEASE OR CON	20b. IF YES, WERE F	FINDINGS USED
TIFIC					YES NO	IN CERTIFYING CA	NO [
	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH DAY		OW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PA	IRT 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM		STREET	CITY OR TO	4.0 4.4	
	sow the deceased alive of obove, (1) (we) (did) (did n	n 19 John Market Strategy of the strategy of t	O, and that		death occurred on the d		m the causes stoted
	22b. SIGNATURE	1 Sterm	DEGREE MY. J	ATTENDING PHYSICIAN	MEDICAL STA	FF _ C	-/3-80
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. A		LIBERTY PLA		
	EDWARD N. SI	HERMAN, M.D.		RANDA	LLSTOWN, MA	ARYLAND 21	L33
23a.	BURIAL, CREMATION, REMOVA			RY OR CREMATORY	23d. LOCATION	A COUNTY	STATE
	Durial	5/16/1980 Yler	n Haven			rie, Anne A	
24. F	UNERAL DIRECTOR	ADDRESS .	2112	_	E REC'D. BY REGISTRAF	25b. REGISTRAR'S SI	GNATURS
Me	c (ully t.H.Mtn	. & Tick Neck Rds.,	Pasaden	a, Md. Mi	41 T 9 1280	helia	

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								OF MARYLAND	0 0			0 2
		1-	FOR STATE REGISTRAR					EALTH AND MENTAL HYG CATE OF DEATH	REG. I		God	9 4
Value		I. DE	CEASED NAME OF PRINT)	eorg ELMER	e Eli	mer George	S	HILLENBERG	MAY 17,	1980	DAY YEAR	26. HOUR DST 9:52 P M
4.000		3. SE.			I. RACE		5. DATE O	0.11 NC.10	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS GAYS	F UNDER 24 HRS HOURS MIN.
No			Male		Cauca		Sep	t.9, 1898 T	81	YRS.		
leoth. P	S Ence.	B	RTHPLACE (STATE OR FOR DUNITRY) PL timore,	Md.	L CITIZEN OF W		MARRIE (	NEVER MARRIED D	CITY OR COUNTY OF DEATH ARUNDEL COUNTY MD.			
irs after d by the fu filed withi	54 54	OLEN BURNIE		3	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  NORTH ARUNDEL HOSPITAL			12a. USUAL OCCUPA (TYPE OF WORK FOR MOST Distribu	OF WORKING LI	12b. KIND O INDUSTRY Retir	ed	
n 24 hou filled in hould be	1885 1985	Md. I36 COU		36 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TY  Glen Burnie 13d. Inside city limits  YES \( \sigma \) NO \( \sigma \)		YES NO 🏋		ster	Circle		
ed withir mpletely and 2 sh	accomine 20		THER'S NAME Elmer	M	Sh:	illenbe	rg	Katie	WIOOFE		Doer	
be execut on and co	medicol /	(	VAS DECEASED EVER IN (ES, NO OR UNKNOWN)	( IF YES, GIVE	WAR OR DATES!	66 SOCIAL SECUI 216-07-		17 INFORMANT George E.S.	ADD hillenbe			13
requires that the death certifican signed by the ottending phy. Then please remove corbanport to burial, cremotian, or remov	injury, ar ather troumotic event	NOI	Conditions, if any, gove rise to imme cause (a), stating underlying cause	which ediote the last.	DUE TO, OR (b)  DUE TO, OR (c)	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM  Di. C. hemse	NALDISEASE OR CO		VEN IN PART 1(4	2)
N: The low hysicion. icote has been rousit permit Hygiene prio	no swoys	CERTIFICATION	IN DATE OF OPERATE				OPERATION	WAS PERFORMED	20a. AUTOPSY?  YES NO	IN CERTII	S, WERE FINDING CAUSES	
IYSICIAN: ding physis s certifico burial-tron	or Item 18	MEDICAL CE	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE	USE OF DEAT	21b. TIME OF HOUR A.M P.M	. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN.	URY IN ITEM 18, I	PART 1 OR PART 2)	
DING PH or offen After the e os the l	morked o	ME	WHILE NOT WHILE	, U		T, FACTORY, OFFICE, FA	ARM, ETC.]	STREET	CITY OR TO	NWC	COUNTY	STATE
ATTENI ospital eCTOR: ed for us	m 21 is r	Ų	22a.1 certify that (1) (1 saw the deceased abave, (1) (we) (4) 22b. SIGNATURE	alive an_		(19)	_	d that in (my) (our) opinian c	eoth accurred on the	date and hau		
by the hores that DIRE e detoche State Dep			22d. PHYSICIAN S NAM	and	11/9	tall	_	ATTENDING PHYSICIAN	DIRECTOR   PHYS		51	18/80
TO HOSPITAL retained by the TO FUNERAL should be determined by the state	MPORTA		PAUL M. RO	OSOFF	, M.D.	1 /		GLEN	ITCHIE HIG BURNIE, MA			
		23a. E	SURIAL, CREMATION, RI Burial	EMOVAL	23b. DATE			METERY OR CREMATORY	23d. LOCATION CITY OF TOWN	11979	COUNTY	STATE
BP	U.S.	_	DUI'181  JNERAL DIRECTOR		21 May	7 80 Mes	edowi	ridge Mem.Pl	Elkric REC'D. BY REGISTRA		loward	Md
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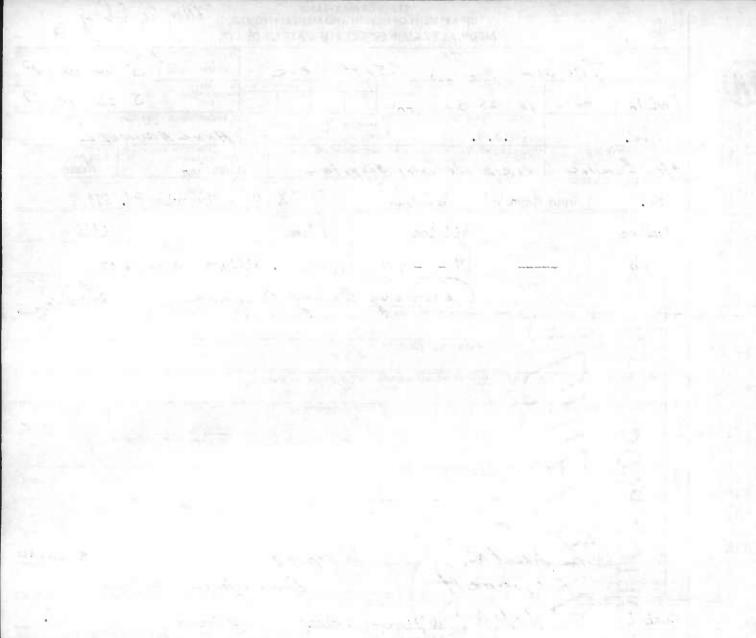
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1.		REGISTRAR CEASED NAME	FIRST		1416	MIDDLE	AMIIN	- K 3 C	AST		2a. DATE I	REG. N		DAY Y	AR 2b. HC
3.		ORPRINT)	VIO	10		н.		<	ilan	_ 1	Or	ESTI-			50 D
3.	SEX	- 4	RACE	5 DAT	E OF BIRTH	- 10	AGE (IN YEAR		DER 1 YR. IF UND	ER 24 HRS.	2c. DATE	MAILD	HINOM		EAR 2d, HC
		F	w	MONT	H DAY	2 C	53 YRS	MONTH	DAYS HOURS	MIN	PRONOUN DEAD	CED	5	19 19	10
7	a. BIF	RTHPLACE (STA	TE OR	7b. CIT		HAT COUNT			D NEVER MAR	RIED	9. BALTIM	ORE CITY O	R COUNT	Y OF DEAT	
		olorad			U.S.A			WIDOW	D DIVO		120	re	ARU	NOI	1
10	D. CII	OR TOWN O	F DEATH	11. NA	ME OF HOS		SING HOME,	OR OTHE	R INSTITUTION	12a. USU FOR A	AL OCCUP	ATION (TYP	E OF WORK	12b. KIND O OR IND	F BUSINESS USTRY
1	ISLLA	L RESIDENCE (II	115	11	NNe 1	FRUN	del.	KNA	Ral	Ho	use w	ife		Own	lome
13	36. 51	Md.	Ann	ie Ari	undel	13c. CITY C	polis	N)	13d INSIDE CITY LIMITS? YES NO	13e. STRE	STADDRES	tmer	Ct.		
14	4. FA	THER'S NAME		MIDDLE		_ LA	ST		IS. MOTHER'S MAI	DEN NAME	MI	ODLE		LAST	
L		Virgil				Spea	ar		Nelli	e			Frie		
1	6a. W	AS DECEASED S, NO, OR UNKNOW	(IF YES, GI	ARMED FO	RCES?		34-000		7. INFORMANT	C1-2-1		ADDRESS			
-	7.4							9	John W.	Surbre	ey, 58	ime as	# I		
L		PART I DEA	DEATH (Enter of TH WAS CAUS	only one co SED BY:	ouse per line	ror (a), (b),	and (c).)	/	- Jane	1				BETWEEN	DASET AND DEA
1		11111	IMMEDI	IATE CAUS		AS A CONS	FOURNES	16	elery.	lie	con	_		KY.	1
		Conditions	if any, which		DUE TO, OK	AS A CONS	COUNCES	г							
			ta immedia	-	(b)	AS A CONIS	EQUENCE O	-						-	
		lying couse		- 1	JUE 10, OK	AS A CONS	EQUENCEO	-							
		PART 2 OTHER SIGN	IIFICANT CONDITION	NS CONTRIBUT	(c)	BUT NOT RELATE	O TO THE TERMIN	IAL DISEASE	OR CONDITION GIVEN IN	PART 1 (g).					
	NO NO														
1	CAT	190. DATE OF C	PERATION		19b. CONDIT	ION FOR W	HICH OPERA	TION W	S PERFORMED?					20. AUTO	PSY?
	RTIFI													YES	] NO.
1	MEDICAL CERTIFICATION	216. EXTERNAL UNDERLYING			21b. TIME OF HOUR A.M		DAY YEAR	21c. HO	W INJURY OCCUR	RED (ENTERN	ATURE OF INJU	RY IN ITEM 18	PART I OR PAI	RT 2)	
	OICA	CONTRIBUTING	G CAUSE O		P.M.		19	216 100	ATION						
	MEC	WHILE AT WORK	NOT WHILE			OF INJURY ORY, FARM, ETC		21f. LOC	ATION REET		CITY OR TOW	N	COL	INTY	STAT
		AT WORK	AT WORK	<u></u>											
		22a. I certify	that I took cha	rge of the	remains des	cribed above	, held an	Autaps	, , Inspect	ion 🗖,	Inquiry	d, an	d in my op	inion	
		deoth resulted	from Not	urbl couse	es 🗾	Accident [	, Suic	ide 🔲 ,	Homicide	Undete	rmined mai	nner .			
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+		SIGNATURE	3/	144	MIII			M.I	Deput	2 MEDI	CALEXAMI	NER	DATE SIGNE		7.00
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23	Jo.BU	RIAL, CREMATI	ON, REMOVAL	236. DATE				ETERY OR	CREMATORY	23d 200	entwo c	d. P	.G. COUN	my Md.	STATE
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		FOR STATE	DEPARTMEN	STATE OF MARYLAND T OF HEALTH AND MENTAL	HYGIENE MC	Cully
,		REGISTRAR CEASED NAME FIRST	MEDICAL EXA	MINER'S CERTIFICATE (	REG. 14	
6		EORPRINT) Thele	1 10 M	5itt NeR	20. DATE KNOWN OF ESTI- DEATH MATED	
M	3. SE	emale w	10 28 20	E (IN YEARS   IF UNDER 1 YR.   IF UNDER 1 BIRTHDAY) MONTHS DAYS HOURS		MONTH DAY YEAR 24 HOUR  5 26 1950 P
NECESS FUNERAL 5 FOR W PREST	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	U.S.A.	8. MARRIED NEVER MARK	CED   ANNE A	PUNDEL MD.
LAY IS O THE PAGE E FILED	4 2	lew Burnie	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD NORTH AROUND	el VospitaL	120. USUAL OCCUPATION (TYPE SIGN MOST OF WORKING LIFE)	PEOF WORK 126 KIND OF BUSINESS OR INDUSTRY
RETAIL RECOR	5 13a. S	Md. Anne	Arundel 136. GTY OR TO	ena YES NOTE	195 A Rivervie	v Rd. 21122
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, BALTIMORE URS AFTER DI URS AFTER DI WITH FORM PAGES 1 AI DIVISION OF	16a. V	VAS DECEASED EVER IN U.S. ARM ES, NO. ORUNKNOWN) (IF YES, GIVE W			Sittner sam	e as 13
301 W. PRESTON ST., CUTED WITHIN 24 HO IN PENCIL IN ITEM 11 LEXAMINER ALONG URIAL-TRANSIT PERMIT DE MENTAL HYGIENE, J. OR REMOVAL.		Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause last.	CAUSE (a)  DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQU  (c)	ENCE OF	Deserve	APPERAMATE MISTVAL BETT ET ONSET AND DEATH
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SHOU ORD " CHIE BE USE IT OF H	CERTIFICATION	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY			YES NO 🗷
	MEDICAL CE	UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY P.M.	YEAR 19	ED LENTER NATURE OF INJURY IN ITEM 18	PARI I OR PARI 2)
DIVISION  THIS CERTIFIC  E. WRITING TH RWARDED TO PAGE 3 SHOU STATE DEPART  STATE DEPART  TO THE	MED	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT H STREET, FACTORY, FARM, ETC.)	OME, 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213	2	22a. I certify that I taak charge	of the remains described above, held couses , Accident ,	Suicide , Inspection  Suicide , Homicide ,  TITLE (SPECIFY)	Undetermined monner	DATE SIGNED 5, 26, 60
TO MED EXECUTE PAGE 4 TO FUN AFTER D BALTIMG	23 a. B	IRIAL CREMATION REMOVAL 23	DATE 236 NAME	ADDRESS OF CEMETERY OR CREMATORY	MATOCATION	ed
BP	B	pecify) UNCAL UNERAL DIRECTOR	5/29/1980 Balt	imara Cemeteru	Baltimore	COUNTY MAR
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TO HOSPITAL OF ATTENDING PHYSICIAN. The lilw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been agned by the attending physician and completely filled in by the funeral should be detached for use as the burial-trainit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 h with the State Dept. of Health and Mental Hygiete prior to burial, cremution, or removal.
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24 FUNERAL DIRECTOR

Rausch Funeral Home Owings Maryaland

FOR

REGISTRAR

- STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

L HYGI	ENEB	Ü	G. NO	-	1	الم	9	7	
	20 DAT	E OF DEA	TH M	₩ -	DAY 21-	YEAR B	_	7 =	R 20 A M
3	6 AGE	56	AST BIRTHI	YRS	MONTH	DER 1 YE	_	OURS	24 HRS MIN
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ING IANO	MEDIC	TOR   P	STAFF			S	/	21/	180

MIDDLE LAST I. DECEASED NAME (TYPE OR PRINT) Smith William 4 RACE 5. DATE OF BIRTH 3. SEX MONTH DAY YEA White ale 10-To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIE CRONTENTAND WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTIO IF NOT IN SUCH FAGILITY, GIVE STREET ADDRESS), Hnnanolis USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) With Broch 13d INSIDE CITY LIM YES [ NOV 14 FATHER'S NAME 15. MOTHER'S MAID SMITH SRL FHAR WILLTAM BOWLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO PENKHOWN) (IF YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY NO 17 INFORMANT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY O or Item HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from 21 saw the deceosed alive on. and that in (my) (per) o abave, (1) (we) (did) (and with view the body after death DEGREE 22b. SIGNATURI ATTEND IMPORTANT: PHYSIC 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY Cheltenham P. G. Marylahi (Strial 5/23/80 Md. Veterans Cemtery MAY 2 6 1980 PER STEARS STARTS STARTS



,		FOR STATE REGISTRAR	DEPARTMENT OF HEA	DF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH	REG. NO	
M		EASED NAME FIRST OVEV	A RACE  CAUSCIAN  S. DATE OF MONTH  12-	amp	20 DATE OF DEATH  6. AGE (IN YEARS LAST BIRTH	MONTH DAY YEAR 2b. HOUR  5 6 8 12:22  HDAY)   IFUNDER 1 YEAR   IFUNDER 24 HOURS   M  YRS.
Fied of onc	CC	RTHPLACE (STATE OR FOREIGN  DUNING)  OF NW A  TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR	NEVER MARRIED U  DIVORCED	9. BALTIMORE CITY OF	ndel County  126. KIND OF BUSINESS
pe de la companya de	USUA	L RESIDENCE (IF NURSING HOME OR	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  ANNE A-WAE GENEY  OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  NOTIFY OR TOWN  LOTY OR TOWN  OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		WAITT	stville Dr.
Somine State		Andrew	AIDOLE ZIPF	S. MOTHER'S MAIDEN NAM FIRST EL CANOT	E MIODLE	Mergan
s. Pages	16a V	(AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECURITY NO. 1/39-30-4168	Charles B.		e as 13 a e
then please remove carl to burial, crimation, or njury, or other traumation	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF  OUE TO, OR AS A CONSEQUENCE OF  ONDITIONS CONTRIBUTING TO DEATH BUT N	CS CY	NAL DISEASE OR CONT	10-12 Y
bows only	CERTIFICATION	198 DATE OF OPERATION	1%. CONDITION FOR WHICH OPERATION	ALTA:	780: AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
detached for use in the burial rain tate Dept of Health and Membil Hya VI. If them 21 is marked or them 18 is	MEDICAL CE	sow the decembed allow an obove. (Private is all joint ha 27s. SKSNA TORY	THE PLACE OF INJURY (AT HOME, STREET, PACTORY, OFFICE FARM, ETC.)  To instruction of the deceased from the property of the deceased from the property of the deceased from the	ATTENDING ATTENDING ATTENDING	eath occurred on the do	19 that Dave steend hour and from the couses state
PORTANT	1	William C. Wei	ntraub Md.	104 Forbes S	t., Annapol	is,Md.

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be retained by the haspital or attending physicion.

within 24 hours after death. Page

		Ŀ	FOR STATE REGISTRAR	N .	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	499
eath 3			CEASED NAME FIRST LEWIS	MYRON	STILLER	MAY 10, 1	980 Zb. HOUR A
or, page		3. SE	MALE	4 RACE WHITE	5. DATE OF BIRTH  JUNE 4, 1914		FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
(M)	275	C	RTHPLACE (STATE OR FOREIGN OUNTRY) PENNS YLVANIA	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED INEVERMARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF ANNE ARUNDE	L CO. MD.
0 -	100	G.	LEN BURNIE	207 HOLLINS	G HOME OR OTHER INSTITUTION  ADDRESSI FERRY ROAD	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SELF-EMPLOY.	126. KIND OF BUSINESS OF INDUSTRY APPLIAN STORE
letely filled in d 2 shauld be f	See See	13a. S MZ	ARYLAND ANNI	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134. CITY OR TOW E ARUNDEL GLEN	BURN LES ON NO X	13e. STREET ADDRESS 207 HOLLINS	FERRY ROAD
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n and co	medical			E WAR OR DATES)	RITY NO. 17 INFORMANT -1375 MRS. MARY	ADDRESS SAM	13
ending physicio e carbanpapers in, ar remaval	matic event, the		15 IMMEDIA	nly one couse per line for (o), (b), one (D BY: TE CAUSE (o) OR AS A CONSEQUE	7140111110310	deneral descon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
gned by the off n please remay burial, crematia	ry, ar ather trau		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D			N IN PART 1(0)
on. has been si t permit. The	olui kuo swo	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
certific priol-tr	or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH DA	21c. HOW INJURY OCCURE 19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T I OR PART 2)
After thise os the bolth and	markeda	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	to Mos 10	COUNTY STATE
haspital SIRECTOR: Ched for us Dept of He	Hem 21 is		adw. The deceased alive of above. (I) (we) (d.d.) (d.d.) 22b. SIGNATURE	E-PM	DEGREE	death occurred on the date and hour	
FUNERAL DId be detain the State D	MPORTANT: #		22d. PHYSICIAN'S JUME THE COLOR OF JOSEPH	TALER, M.D.	22e ADDRESS	DIRECTOR PHYSICIAN	proy 12, 1950
	IWb(	23a. l	BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 23c. h	NAME OF CEMETERY OR CREMATORY		OUNTY STATE
BP H-16.50M.7/7 VR A 15 (4))	7		BURIAL UNERAL DIRECTOR FU SINGLETON FU	12 MAY'80 G JNERAL HOME, GI	0.01/1	OK GLEN BURNIE EREC'D. BY REGISTRAR 231 AEGISTR 1 3 1980	

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	1 -	FOR STATE REGISTRAR	DEPAK	CERTIFICATE OF DEATH	REG. NO.	EL
		CEASED NAME FIRST	MIDDLE	CERD ALLC C	Ze. Drift Of Derritt	DAY YEAR 26 HG
	97	ET	HEL Virginia	STRAUSS	MAY 26, 1980	
)	S. SEX	emale.	Caucasian	FACTOR DIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 68 YRS.	FUNDER I YEAR IF UND
35	e. Bil	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED Y DIVORCED	ANNE ARUNDEL	
54		Y OR TOWN OF DEATH LEN BURNIE	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION LABORESTO SPITAL	128. USUAL OCCUPATION (TYPEGF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSI INDUSTRY HOME
25	USU A 130 S	TATE. 13h CC	se or other institution, give residence bero DUNTY 1350 CITY OR TO LE Arunde Pasadei	wn 131. INSIDE CITY LIMITS?	7664 Pinehaven	Drive, 21
321	4 FA	thers name Edward Ar	thun Jomes	15 MOTHER'S MAIDEN Daisy	H. MIDDLE	Jackson
1	CY	(AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 220-12-		Straus Same as	13
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			or anly ane cause per line far (ay) b), ou USED BY DIATE CAUSE (a)	Mult		-
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		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	F Juni calett	ou Carrious	0
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2	CERTIFICATION	5.42-80	CANCELLO VOR WHICH	ny of Discher	W YES NOW YE	S, WERE FINDINGS US YING CAUSES OF DE S NO
9		214. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE BITHER, NOTHY MEDICAL EXAMI	DEATH HOUR A.M. MONTH	DAY YEAR	VRRED (ENTER NATURE OF WILLRY ON ITEM 18, P	ART I DR FART 25
	MEDICAL	WHILE HOT WHILE AT WORK	21s. PLACE OF INJURY (AT HOME STREET, PACTORY, OFFICE	PARM, ETC.) 211 LOCATION	CITY OR TOWN	COUNTY
		220 I certify that (1) (this h	aspital) attended the deceased fram	, and that in [my] (aur) apini	an death occurred an the date and hau	r and fram the couses
		saw the deceased alive	The state of the s			
		saw the deceased alive abave, (1) (we) (did) (did	d natiview the bady after death.	DEGREE ATTENDING PHYSICIAN	STAFF	3-27-
-1	23	saw theydecedsed ally above, (II) (we) (did) did III. SIGNATURE III. SHONATURE III. PHYSICIAN'S NAME (L	Tersonaly	ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR   PHYSICIAN	220. DATE SIGNI 5-27-
-	23a. E	saw theydecedsed alive abave, (i) (we) (did) did	VAL 23b. DATE 236	ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR   PHYSICIAN	5-27-

STATE OF MARYLAND

STREE Viscosis STRANDS FAY 26, 1980 ... ME ARUNDEL CODULY, The second service of the second services of the second services and the second services are serviced as Three grows. Bearing to the Late 123 Cardia Indust Tistacce state had here - year Lift force Editation Commerce Control of the state of the sta Charlen III and and a 7.12-6

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CERTIFICATE OF DEATH

LAST

MONTH 2b. HOUR 2g. DATE OF DEATH DAY 40 IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHOAY) DAYS

5. DATE OF BIRTH April 15

MIDDLE

1882 98

YRS 9. BALTIMORE CITY OR COUNTY OF DEATH

70. BIRTHPLACE (STATE OR FOREIGN MARYLAND  10. CITY OR TOWN OF DEATH GLEN BURNIE		U.S.A	WHAT COUNTRY? 8. MARRIE WIDOWE HOSPITAL, NURSING HOME CONTROL TO THE NURSING HOME CONT	OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUNTY ANNE ARUNDEL CO  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	DUNTY MD.
USU.	AL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUTION		13d. INSIDE CITY LIMITS? YES NO	13. SIREEN ADDRESS West Stre	eet
14. F/	WESLEY	WIDDIE	TAYLO# <sup>ST</sup>	IS. MOTHER'S MAIDEN NA CHARLOTTE		RIOD LAST
16a. V	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT GLENDORA SIS	COE 31 Bunche St	Annapolis, Md reet
	DARTI DEATH MA	S CAUSED BY  MMEDIATE CAUSE (0)  DUE TO, C  which diate  (b)	or AS A CONSEQUENCE OF	ty Pac	श्रीकाट	BETWEEN ONSET TARVOLATH  RETWEEN ONSET TARVOLATH
CERTIFICATION	PART 2. OTHER SIGNI		ONTRIBUTING TO DEATH BUT		IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
CER	21a. ACCIDENT WAS UNDE	110110 4	OF INJURY M. MONTH DAY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM 18, F	PART 1 OR PART 2)

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

220 I certify that (I) (this hospital) attended the deceased from DECEMBER

5-10-1980

211. LOCATION CITY OR TOWN

COUNTY STATE

and that in (my) (aur) apinian deoth accurred on the date and haur and fram the couses stated DEGREE ATTENDING MEDICAL STAFF

PHYSICIAN A

22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

22e. ADDRESS

5400 OLD

DIRECTOR PHYSICIAN

M.D ARLMAN 236. DATE 23a. BURIAL, CREMATION, REMOVAL BURIAL

23c. NAME OF CEMETERY OR CREMATORY BREWER HILL CEMETERY 23d. LOCATION CITY OR TOWN Annapolis

STATE COUNTY Maryl and

24. FUNERAL DIRECTOR

FOR STATE

(TYPE OR PRINT)

3. SEX

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attending physician

event, the or removo

injury, or other troumotic

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ofter

REGISTRAR

FIRST

4. RACE

DECEASED NAME

ADDOR Annapolis, Md. WILLIAM REESE & SONS MORTUARY, P.A.

MAY 9 1980

250. DATE REC'D. BY REGISTRAR 256. REGISTAR'S SIGNALLI

DHMH - 16 25M (VR A 15 (4) 1 9/74

TO FUNERAL DIRECTOR: After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

MPORTANT: If them 21 is marked or Item 18 shaws any

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certificate has been

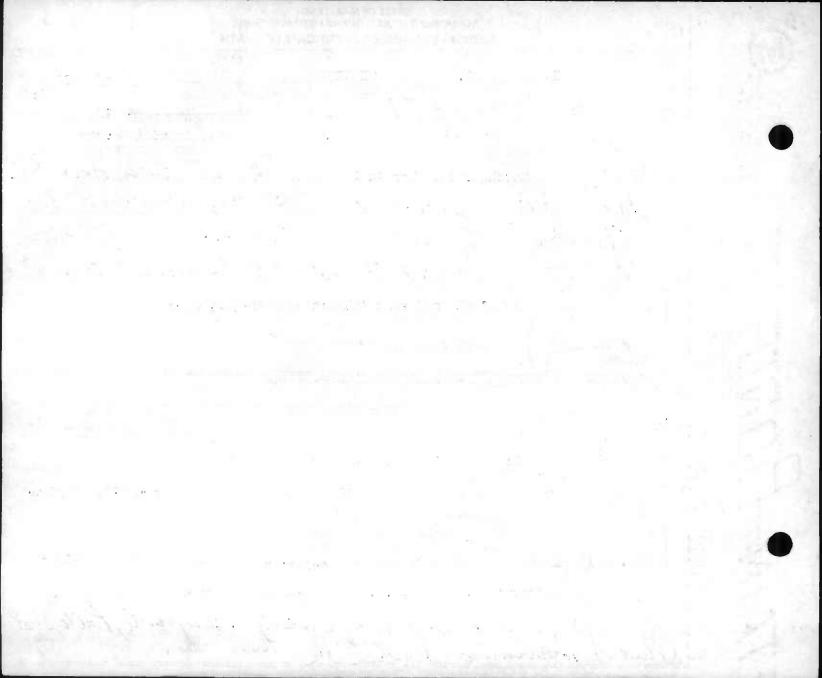
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Hume December ! No. and the continue of the co Det grand Tuberlat ! the destinated and extended to the state of the land.



with the State Dept. of Health and Mental Hygiene prior to build, crimothan, or ramoval.  [MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at an	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate the executed within 24 hours after death. Page 4 in retoined by the hospital or ottending physician.	DATE OF THE RECORDS, FOR M. TRESTON ST., BALLIMONE, MARKET ALLES AND ST.
		TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the dentificant be executed within 24 hours after death. Fage 4 retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	STATE REGISTRAR	DEI ART	CERTIF	ICATE OF DEATH	REG. NO	0.	
		CRASED NAME FIRST Charl	0.5 E.	2	ngue	2a. DATE OF DEATH	25, 1980	10.1100
	3 SEX		A RACE NEGRO	5. DATE O	DE KURTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 Y	- Ot ///
10	MÃ	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWI		9 BALTIMORE CITY O ANNE ARUN	R COUNTY OF DEATH	
3	AN	NAPOLIS	ANNE ARUNDELE GE	NERAL		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		D OF BUSINESS OR RY
	130. S MA	RYLAND 136 COUR	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY  13c. CITY OR TOW SEVERNA	VN		13e STREET ADDRESS 140 W. Ear	cleights Ro	ad
d	14. FA	RICHARD	MIDDLE TONGUE		HESTER	MIDDLE	MOUL	
	16a W (Y	(AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU E WAR OR DATES) 2/6-/6-	1.0	DOROTHY TONGU	JE 140 W. Ea		ROXIMATE INTERVAL
NOITA	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	DEATH BUT		um	DITION GIVEN IN PAR 20b. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED
2	CERTIFI	210. ACCIDENT WAS UNDERLYING		VEAR.	21c. HOW INJURY OCCURR	YES 🗌	NO 🗌	
	MEDICAL	OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE WHILE AT WORK AT WORK		19	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
		saw the description on	ital attended the deceosed fram	0_ /	femble , 19 79 and that in (my) (our) opinion of DEGREE	,	ate and hour and from	ATE SIGNED
		77d PHYSICIAN'S NAME (TYPE O	Adme, A	12	ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAF		-25-30
-		urial, cremation, removal <b>BURIAL</b>	5-28-1980 CH	EWS U	M. CHURCH CEM			Maryland
		INERAL DIRECTOR LLIAM REESE & S	SONS MORTUARY, P	apoli.A.	s, Md. 250. DATE	28 1980	25h. BEJGISTRAR'S SIGN	VATURE LY

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

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and the state pools				
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YENDO GULAPIA SESA			.A.G.0	CHATTEA
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Sada affect fra 001		THA PARK		A GHASTIA
ASSESSOR	7.722			CHAMOLE
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X		1	FOR	DEPART		E OF MARYLAND EALTH AND MENTAL HYG	HEME Q 1'S		Lia Constant	0 6
,		1.	STATE REGISTRAR	DII ANI		ICATE OF DEATH	REG. N	0.		DST
	(AA)		CEASED NAME FIRST OR PRINT)	WIDDLE		AST		1980		6:17 P
	ay b	3 SE)	CAL	VIN FRANCIS	TR Is DATE O	EGO.	AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS
	age 4 m	3 357	Male	Caucasian	April	PAY A DEAR	65	YRS.		HOURS MIN.
•	Jeath. P		RTHPLACE (STATE OR FOREIGN DUNTRY)	7. CITIZEN OF WHAT COUNTRY	MARRIE WIDOWI	NEVER MARRIED	ANNE AR		DEATH	V MD.
	rs after of within	10 CI	TY OR TOWN OF DEATH  GLEN BURNTI	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	ADDRESS)	HOSPITAL	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR MOST OF WORK FOR W	ON I F WORKING LIFE)	2h. KIND OF	BUSINESS OR truction
RYLAND 2120	124 hour	13/4 5	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) VN	136 INSIDE CITY LIMITS?	13. STREET ADDRESS			211 22
IAN	Again within		THER'S NAME	ranted rasaue	TUL	YES NO X	115	, woodst	uy	21122_
MARY	ompletel and 2 sh			ancis Trego	, Sr.	Bentha	WE WHODLE		Pau	ley
MORE,	be executable be secutable and contains the med	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 216-07-	7274	Mrs. Maxine	R. Treas	_	as #13	3
, 201 W. PRESTON ST., 84	quires that the death certification by the attending physical please remove carbon paper burial, cremation, or removinjury, or other traumatic eventions.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSE	PENCE OF C	frilme [ C ongestive Indy Thomas NOT RELATED TO THE TERM	less f	Livry Film DITION GIVEN	12	horish horish
L RECORDS,	: The law re te has been so commit. Their to shows any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	GS USED OF DEATH?
DIVISION OF VITAL	PHYSICIAN g physician. his certificat urial-transit p Mental Hygi d or frem 18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	OR PART 2)	
IVISION	DING PHI ttending p After this s the burie th and Me marked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	TOR: Use a l'Heal		saw the deceased alive a	oital) attended the decepsed from.  1 2 19 at) view the body after death.	Pu .	nd that in (my) (aur) apinion				
	TO HOSPITAL CHA. A. etained by the hospital TO FUNERAL DIRECTION With the State Dept. of with the State Dept. of MINORTANT: If I tem		274 PHYSICIAN'S NAME ITHE	stone i	-Ju	ATTENDING PHYSICIAN [	MEDICAL STA	IAN []	5/2	2/80
	TO HOSPIT. retained by t TO FUNERA should be der with the Stat		PAUL A CHA	ANG M D			HICHMAN.	MILLIAN	D 210	JOI
		23a. E	BURIAL, CREMATION, REMOVAL		edan t	EMETERY OR CREMATORY	Brooklyn		INTY	STATE
	BP	24. FI	Durial UNERAL DIRECTOR	1700	emil 1		TE REC'D. BY REGISTRAR		e Arun	
BW	DHMH-16 25M (VRA 15, 4) 1/79	Mo	MA ME	& Tick Neck Rds	. Paso	idena. Md. MAY	2 3 1980	perfly,	Kelm	roly

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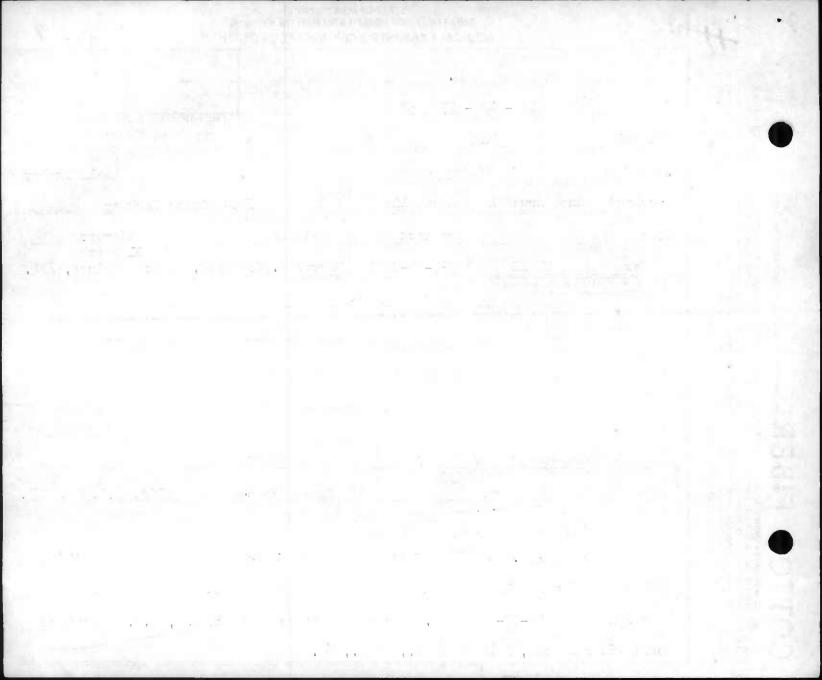
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	13
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	V

1	T = STATE REGISTRAR		ME		MENT OF					print.	REG. NO	1	3	0	7
-	(TYPE OR PRINT)			MIDDLE			LAST	7		OF	KNOWN ESTI-	MONTH	DAY	YEAR	2b. HOUR
3	. SEX	Conr	S. DATE OF BIRTH	M	I AGE UNY		rembac NDER 1 YR.		2 2 4 HRS	Žt. DATE		MONTH	DAY	9 80 YEAR	2d. HOUR
	Male	White	12 - 22	YE AR	LAST BIRTHO	MON!	HS DAYS	HOURS	MIN .	PRONOUN DE AD		6	3	1,80	6:30
1	70. BIRTHPLACE (ST		76. CITIZEN OF V	HAT COUN		8. MARR	IED NE				Arun				
+	Dlinois O, CITY OR TOWN		US.		DSING HOM		VED		CED X		PATION (TYP			0 ,	MD.
ľ	Annapoli		211 Vi	ACILITY, GIVE S	TREET ADDRESS)		IEK IINSTITO	IION	FOR	MOST OF WOR		E OF WORK	OR	INDUSTR	ploved
		(IF IN NURSING HOME	OR OTHER INSTITUTION,	13c. CITY		SION)	13d. INSIDE O	ITY LIMITS?	13e STR	EET ADDRE	ss etor P	arkw:		hheldis	proyec
1	John	WIDDLE		nback		1	ER'S MAID	ENNAME		IDDLE	Ada	amcz			
	160. WAS DECEASE	DEVER IN U.S. AF	MED FORCES?	16b. SO	CIAL SECURI	TY NO.	17. INFOR	THAN			ADDRESS	300	Beac	h	
1	Yes		W II	327	7-20-9	503	Harv	ey J.	Tre	mback,	Will				I11.
	gave ris	ns, if any, which se to immediate stating the <u>under</u> use last.	(b)		4SEQUENCE										
		GNIFICANT CONDITION	CONTRIBUTING TO DEAT	BUT NOT RELA	LTEO TO THE TER	MINAL DISEAS	SE OR CONDITIO	N GIVEN IN P	ART 1 lo .						
1	190. DATE OF	OPERATION	19b. COND	ITION FOR	WHICH OPE	RATIONV	VAS PERFOR	MED?				-		UTOPSY?	NO [
		AL CAUSE WAS  XXOR  NG CAUSE OF		M. MONTH	DAY YEA 3119 8	R		occurriect :		NATURE OF INJ	URY IN ITEM 18	PART 1 OR PA		يم د:	100
	CONTRIBUTION OF WHILE AT WORK	OCCURRED  NOT WHILE TO THE PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)  AT WORK  216. PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN  217. PLACE OF INJURY (ATHOME. STREET)  218. PLACE OF INJURY (ATHOME. STREET)  218. PLACE OF INJURY (ATHOME. STREET)  219. PLACE OF INJURY (ATHOME. STREET)  211. LOCATION  STREET  211. Victor Parkway, Annapolis, A.										Co.	STATE MD.		
2.	22a. I certi death result ACTUAL SIGNATURE		ge af the remains di prolecauses ,	Accident		Autap	], Hami	SPECIFY)	Under	Inquiry termined mo	inner .	DATE SIGNE	6	5/4/8	30
M	EXAMINER'S (TYPE OR PRI		mas D. Sn	ith,	M.D.		_ADDRESS_	111	Penr	st.	Bal-	to.,	MD.		

BP. **DHMH-17** (VR A15 ME (5)) 30M 7/73 236.BURIAL CREMATION, REMOVAL 236. DATE SPECIES 06-0 06-09-80 231. NAME OF CEMETERY OR CREMATORY Md. Veterans Cemetery Cheltenham,

Maryland 25b. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR West St., Beal Md.



25	40.4
M.	11

1 - STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	DST8
1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	26. 110 OK
MAZ	MIE LILLIAN	VEACH	MAY 10, 1	980   2:54A
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE   IN YEARS LAST BIRTHDAY)	FUNDER I YEAR FUNDER 24 HRS
Female	White	Dec. 28, 190	9 70 v	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 1	BALTIMORE CITY OR COL	
COUNTRY) Virginia	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	A BIBIT A TOTIBIES	EL COUNTY
O CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OF
GLEN BURNIE		EL HOSPITAL	Pay Roll Cle	
Maryland 136 CO	or other institution, give residence before unity 13c. City or too the Arundel Glen B	WN 134. INSIDE CITY LIMITS	? 13. STREET ADDRESS 215 Maple	Ave.
4 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		
	. Hale	Florenc	e - Fergers	on
60 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC		ADDRESS	
(yes, no or unknown) (if yes, g	230-05	-1912 Dorothy E.	Pumphrey Same	as #13
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEON  (b) Situation  DUE TO, OR AS A CONSEON  (c) Leon	scluides certic	corregas deseas	10 years NGIVEN IN PART 1101
IN DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	INC	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \bigcit{\text{NO}} \)
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M. MONTH		YES NOTEN	
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
saw the deceased alive	ipital) attended the deceased from an		an death accurred an the date and	hour and from the causes stated
450	myany	ASS ATTENDING	MEDICAL STAFF	10 1000
DEMENT A	BONIFANT, M.D.	220 ADDRESS 18	111 PRINCE PH NEY, MARYLAND	ILIP DRIVE
33. BURIAL CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATOR Oak Grove Cemetery		Howard Md. STATE

marked or Item 18 shows any injury, or other traumatic event

MPORTANT: If Item 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phys should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo

DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

Francis H. Barber Laytonsville, Md. 20760

GTenwood

CLE AURELE MORTH ARUITE BOSETAL ...

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It he made to entent to	Aparen B			

requires that the death certificate be

TO HOSPITAL

DHMH - 16 50M 1/76

(VR A 15 (4))

24. FUNERAL DIRECTOR

de	1 -	STATE REGISTRAR		DEPAI		FICATE OF DEATH	GIENE 8 0	10.	5	b.s.cr.
0	DEC	EASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
-	(IIII)	MARY	E	11a	WELL	MER	MA	8, 1	980	3:30 <sup>A</sup>
ſ	3. SEX		4 RACE		5. DATE (		6. AGE (IN YEARS LAST BI		1F UNDER 1 YEAR	IF UNDER 24 HR
		Female	Whi		Feb	5. 1 <sup>6</sup> , 1 <sup>6</sup> 96	84	YRS.	MONTHS DAYS	HOURS MIN
d	CO	THPLACE (STATE OR FOREIGN UNTRY)		WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
12		aryland	US		WIDOWI	ED 🔀 DIVORCED 🗌	ANNE ARUN	DEL CO	UNTY	٨
-		Y OR TOWN OF DEATH	IT. NAME OF	HOSPITAL, NUR	SING HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIF	12b. KIND O E) INDUSTRY	F BUSINESS C
14				ARUNDEL		CAL	Supervi	sor	Copp	er Co
5	130 5	L RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION INTY  AA	I30 CITY OR TO Linth:	FORE ADMISSION) DWN LCUM	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 208 Nurs	serv	Road	
	14. FA1	THER'S NAME	MIDDLE			15. MOTHER'S MAIDEN NA	ME			
22		Unknown	WIDDLE	DeHo	ff	Anna	WIDDLE		Pri	ce
		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDR	ESS Lin	thicum	
1	(10		one	212.0	7.9974	Mrs. Mary			ighbor	
	NOI	PART 2 OTHER SIGNIFICANT	DUE TO, C  DUE TO, C  DUE TO, C  (b)	DR AS A CONSEC	DUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIV	201-	MATE INTERVAL NISET AND DEAT
9	CERTIFICATION	90 DATE OF OPERATION	19b. COND	OITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S [7]	
9	S	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CHETTHER, NOTHEY MEDICAL EXAMINER 210 INJURY OCCURRED	21e. PLACE	OF INJURY M. MONTH M. OF INJURY  TREET, FACTORY, OFFIC	19	21c. HOW INJURY OCCUR 21f. LOCATION STREET		IRY IN ITEM 18, P.	اسبا	STATE
		AT WORK AT WORK	(A) HOME, SI	TREET, FACTORT, OFFIC	.E, FARM, ETC.)		CITORIO	C.	COUNTY	SIAIE
	Ĺ	220.1 certify that (1) (this hasp town the deceased alive or above 1) is indicated the SIGNATURE		deceosed from	, or	, 19 ond that in (my) (out) opinion	death occurred on the d	ate and hour	19, to ond from the condition the condition the condition the condition that the c	
7	- 1	(X)		and the same of th		ATTENDING)	MEDICAL STA		1	-S 7.
	1	724 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			2017	- ()
1			PEARLMA			GLEN	FURNACE BE BURNIE, MAR	YLAND	21061	
	(SP	urial, cremation, removal Burial				n Cemetery	23d LOCATION CITY OR TOWN  Baltime	ore	COUNTY Mar	yland

24. FUNERAL DIRECTOR
NAME
Singleton Funeral Home, Glen Burnie, Md.

STATE OF MARYLAND

1980

NOTE AND A STREET OF THE PARTY 

DHMH - 17 (VR A15 ME (5)) 15M 7/77

1-	FOR STATE REGISTRAR			EPARTMENT OF	HEALTH	AARYLAND I AND MENTAL HY CERTIFICATE OI	24	REG. NO.	1	5 1	1
	CEASED NAME	FIRST		WIDDLE		LAST	2a. DATE OF		MONTH D	AY YEAR	2b. HOUR
		GEORGE	E W:	ILLIAM	W	EST	DEATH	MATED Z	5 15	5 19 50	Max,
3. SE	4. R.	ACE :	S. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA			24 HRS. 2c. DATE		AONTH D	AY YEAR	2d. HOU
MA	LE V	VHITE	05 05	11 69 YF		DATS HOOKS	DEAL		5 16	180	P
	INTHPLACE (STATE OF IGN COUNTRY)  ORTH CARO		U.S.A.		8. MARR WIDOV	IED NEVER MARRIE	DX	NE ARU			JA
8	EN BUR	NIE	NORIA	ITAL, NURSING HOME ILITY, GIVE STREET ADDRESS RESIDENCE BEFORE ADMISSING RESIDENCE BEFORE ADMISSING	1. 1	les pite 2	120. USUAL OCCU FOR MOST OF WOR CAB DR	RKING LIFE)		KIND OF BU OR INDUSTI RANS PO	RY
130. S	TATE IRYLAND	136. COUNTY		13c. CITY OR TOWN  GLEN BURN		13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRE 93 MARY	LANE A	PT. J	TI 204	ON
14. F	ATHER'S NAME	No.	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	AIDDLE		LAST	
	WILLIAM		Α.	WEST		HETTIE			В	LACK	
	WAS DECEASED EV (ES, NO, OR UNKNOWN)	ER IN U.S. ARM		16b. SOCIAL SECURITY	Y NO.	17. INFORMANT		ADDRESS			
	NO			220-03-8	323	BESSIE L.	HOWLAND	95 MARY	LANE	K109	
	Canditions, i gave rise t cause (a) stat lying cause lo	IMMEDIATE  Tony, which a immediate ing the under- ist.	CAUSE (C)  DUE TO, OR A  (b)  DUE TO, OR A	AS A CONSEQUENCE OF	OF	eev	8			APPROXIMATE	
z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	INTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEAS	E OR CONDITION GIVEN IN PART	[1 (a).				
MEDICAL CERTIFICATION	19e. DATE OF OPE	RATION	19b. CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED?	-		2	O AUTOPSY	NO.
ICAL CER	210. EXTERNAL CA	OR CAUSE OF DE	ATH P.M.	MONTH DAY YEAR		OW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR		T I OR PART 2)			
MED	WHILE AT WORK	DT WHILE D	21e PLACE OI STREET, FACTO	F INJURY (AT HOME, PRY, FARM, ETC.)		CATION STREET	CITY OR TO	wn	COUNTY	la	STATE
	death resulted fr	0		ribed obove, held on Accident , Sui	Autop	sy , Inspection  Homicide ,  TIŢLE (SPECIFY)	Undetermined m	anner .	n my apinia		
-	EXAMINER'S NAM	AE E.L.	NAPR	dt		ADDRESS ADDRESS	MEDICAL EXAM			5-16-	80

230.BURIAL, CREMATION, REMOVAL 235. DATE BURIAL 05-2
24. FUNERAL DIRECTOR NAME 05-20-80

23c. NAME OF CEMETERY OR CREMATORY

BALTIMORE CITY

MARYLAND

LOUDON PARK 21229

250. DATE REC'D. BY REGISTRAR

ADDRESS HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

that the second of the second The state of the s

. &	1-	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	REG. NO.	1	5	1 PST
page 3 .	1. DEC	CEASED NAME FIRST WILL IA	M HENRY		GGINS	20 DATE OF	MA Y		YEAR 1980	26 HOUR 1216)
ector, pages after d	3. SE	Male	4 RACE White	S. DATE C		6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UI	NDER I YEAR	IF UNDER 24 HRS HOURS MIN
hour hour phone	C	RTHPLACE (STATE OR FOREIGN OUNTRY) WYORK	U.S.A.	MARRIEI WIDOWE	NEVER MARRIED   DIVORCED		E CITY OR COL		DEATH	M
54		LEN BURNIE	11. NAME OF HOSPITAL, NURSI			120 USUAL O (TYPE OF WORK) Bar	CCUPATION FOR MOST OF WORK Tender	ING LIFE)	26 KINDO NDUSTRY Tav	F BUSINESS OF ern
filled in hould be	Ma. 9	aryland Anr	R OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 134 CITY OR TO NEArundel Pasa	VN	13d INSIDE CITY LIMITS?	13e STREET A 615	<sup>DDRESS</sup> <b>Powhat</b>	an I	Beach	n Road
and 2 s	14_FA	Edward	MIDDLE Wiggi	.ns	IS. MOTHER'S MAIDEN NA FIRST Florence		WIDDLE		nknov	vn
on and co		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN] (IF YES, GIV NO N	/E WAR OR DATES)		Mrs. Marg	aret A	ADDRESS S		(wif	e)
that the attending physici ease remove carbon paper of, cremation, ar removal ir ather traumatic event, th		PART I. DEATH WAS CAUS	nly one couse per line for (a), (b)  ED BY:  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	WO	200 pulum	ray (	mul		BETWEEN	MATE INTERVAL INSET AND DEATH
signed hen pl ta bun ijury, o	NOI	PART 2 OTHER SIGNIFICANT	CONDITION TONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM			N GIVEN	IN PART 16	
has been permit permit permit and price	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	n was performed	YES	PSY?   20b.   IN C			OF DEATH?
reconstruction and a second and a second and a second and a second	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK DOJ WHILE AT WORK TO THE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	21t HOW INJURY OCCUR	- 10-	CITY OR TOWN  5   29	(V10)	COUNTY	STATE
ned by the hospital or all the Spital or all the		THE HYALLAN'S NAME OF TORREST	of view the body after death.  All aumoperations		DEGREE ATTENDING PHYSICIAN [ 27e. ADDRESS 325 HOSPI	MEET AL DIRECTOR [	STAFF  PHYSICIAN [	]	ne DATE	29-80

23¢ NAME OF CEMETERY OR CREMATORY

Glen Haven Mem.Pk.

DHMH - 16 50M 1/76 (VR A 15 (4)) FUNERAL DIRECTOR FUNERAL HOME, GLEN BURNIE, MD.

31 MAY'80

23b. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

JUN 2 1980

23d. LOCATION CITY OR TOWN

Glen Burnie

A.A. Md.

STATE

ANGROSA NAMA

USEC 2-501.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after definit. Faire A retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral thectus should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filled within 72 hours with the State Oppt. of Health and Mental Hygiene prior to burial, cremation, or removal.

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the

any injury, or other traumatic event,

IMPORTANT: If Item 21 is marked or Item 18 shows

BP.

DHMH-16 25M

(VRA 15, 4) 1/79

		STATE	OF MARYLAND			
1.	FOR STATE REGISTRAR	DEPARTMENT OF HE CERTIFIC	ALTH AND MENTAL HYGI CATE OF DEATH	ENE 3 0	115	13
	CEASED NAME FIRST DAVIN	O. Willia	am5		MONTH DAY YEAR 5 17 80	25. HOUR D
3. SE	MALE	RACE S. DATE OF MONTH	BIRTH DAY YEAR 3	6. AGE IN YEARS LAST BIRTH	HDAY) IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
C	RTHPLACE (STATE OR FOREIGN OUNTRY)	C1 OF WIDOWED		Anne	Arunde	/ MD.
G	len BURNIE	11. NAME OF HOSPITAL, NURSING HOME OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	NSE HOME	120 USUAL OCCUPATION THE OF WORK FOR MOST OF		Sunit
13a S	md Bel	temore Owings mills	YES NO	102 Please	ant Hill	Road
C	hayles Edw	ard Williams	Emma	Jenne	Wet"	zel
	VAS DECEASED EVER IN U.S. AR (IF YES, GIV)	the process and security No. 213-10-0599	Haves H. Will	. 0	radena.	ml.
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF	Thromb	prosis	BETWEEN	MAYE NYEEVAL ONSET AND DEATH
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE OR COND	DITION GIVEN IN PART I	a l
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND II IN CERTIFYING CAUSES YES []	
MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR PART 2)	
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
	saw the deceased alive an abave, (1) (we) (did) (did no	17 May 1980, and at view the body after death.	I that in (my) (aur) apinion d	. 10	/	that (I) ( last causes stated
	Charles 1	1. Williams 14		MEDICAL STAF		RAY 80
	Chayles H	. Williams, MD.	354 Ecg/c	HILL BOA	nd. Passa	122

WHILE AT WORK 220.1 ce sav 22b. SIG 22d. PH 23d LOCATION CITYORTOWN WestminsTER. 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY [SPECIFY] Burial
24 FUNERAL DIRECTOR 20,1980 Westmingrer Carroll 750 DATE REC'D. BY REGISTRAR 256. BESISTRAR'S SIGNATURE MAY 2 3 1980 -21213 NAME 1980 Balto., Md. Henry Sander & Sons, Inc.,

213-10-0599

किंद्रवारी , रूशकर ४ वर्षा विकास के अकार के अवस्था के किंद्रवार के किंद्रवार के किंद्रवार के किंद्रवार के किंद्र

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVORCED |

NO [

15. MOTHER'S MAIDEN NAME

FIRST

28 DATE OF DEATH

130 STREET ADDRESS

200 AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

YES [

MEDICAL

NO

and that in (my) (our) opinion death occurred on the date and haur and from the causes stated

DIRECTOR PHYSICIAN

23d. LOCATION

CITY OR TOWN

& AGE (IN YEARS LAST BIRTHDAY)

MONTH

BALTIMORE CITY OR COUNTY OF DEATH

(TYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

ADDRESS

DAY

IF UNDER I YEAR

INDUSTRY

206. IF YES, WERE FINDINGS USED

COUNTY

11t. DATE SIGNED

YES [

IN CERTIFYING CAUSES OF DEATH?

2h. HOUR

HOURS

12b. KIND OF BUSINESS OR

Grown

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

mos.

NO I

STATE

STATE

IF UNDER 24 HRS

CERTIFICATE OF DEATH REG. NO

MARRIED NEVER MARRIED

17 INFORMANT

211 LOCATION

22e ADDRESS

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 14a.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

13d. INSIDE CITY LIMITS?

5 DATE OF BIRTH

MONTH

0

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

JURDON

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN

1166 SOCIAL SECURITY NO.

76 CITIZEN OF WHAT COUNTRY?

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

22a.1 certify that (1) (this haspital) attended the deceased from

above (title) (did) (did not) view the bady after death

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

(c)

21h TIME OF INJURY

21s. PLACE OF INJURY

136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY.

Canditions, if any, which gove rise to immediate cause (o), stating

underlying cause

190 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

AT WORK

saw the deceased olive on.

250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S GIGNATURE

PHISICIAN'S NAME (TYPE OF THE 230 BURIAL, CREMATION, REMOVAL 23b. DATE 24 FUNERAL DIRECTOR

DEGREE

23c NAME OF CEMETERY OR CREMATORY

ATTENDING

PHYSICIAN

CITY OR TOWN Annapoli MAY 1 5 1980

pl

FOR

1. DECEASED NAME

REGISTRAR

Ta. BIRTHPLACE (STATE OR FOREIGN

10. CITY OR TOWN OF DEATH

FIRST

(YES NO OR UNKNOWN)

- STATE

(TYPE OR PRINT)

3 SEX

130 STATE

CERTIFICATION

MEDICAL

AT WORK

776 SIGNATURE

14 FATHER'S NAME

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requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

within 24 haurs of

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			REGISTRAR	

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iner must be n

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

0		1	S	1	5
DEC	10				

- 1	_				_			REG.	NO.			
П	1. DEC	OR PRINT)		MIDDLE	L	AST		2a DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR	
1	(1112	KUBER	T	W.	W	LLIAI	nson		5-2	2-80	8:25	2 <sub>M</sub>
ſ	3 SE>	(	4_RACE		5. DATE C			6 AGE (IN YEARS LAST B	RTHDAY)	F UNDER 1 YEAR	IF UNDER 24 HR	(5
1		MALE	NEG	RO	MONTH	19	O Z	77	YRS	ONIDS DAYS	HOURS MIN	
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	1		9 BALTIMORE CITY		OF DEATH		-
	WI	ASHING-TONDIC	, U.S		MARRIE		VORCED	Aure	ADUL	DEL		MD
Î	10 CT	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	NG HOME C	R OTHER INST		12a USUAL OCCUPA		126 KIND OF	BUSINESS	1
0	Da	NOSONVILLE	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	18 117	CENTER	(TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY		
	_	AL RESIDENCE (IF NURSING HOME OF										
2 B	ME	1	ADDUNE L	13c. CITY OR TOW	PARK	13d INSIDE C	NO IO	P. D. Box	1 420	RT	#1	
		THERS NAME	MEUNLIE	DEVERIOR	TITLE		MAIDEN NAM	7 7 7	, , , , , ,	7.77		_
0		JAMES	MIDDLE	WILLIA	MSON	HEA	IRIF T	MIDDLE		FOSTER		
1	16a W	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	JRITY NO.	17 INFORMA		ADD		- OBIE		
1	( Y	NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	220-05-0	326	EMMA W	ILLIAMS	ON Rt. 1 J	Box 420	Severr	a Rk.l	Md .
Ī		18 CAUSE OF DEATH (Enter on	ly one cause per	line for (a), (b), an	d (c)		4				ATE INTERVAL NSET AND DEAT	_
		PART I. DEATH WAS CAUSE	D BY: E CAUSE (0)	Cardio	Resp.	natory	Arr	est		161		
1		48/ - DUE TO, OR AS A CONSEQUENCE OF										
	2	Conditions, if ony, which	(b)	//	eumo	21/6						
1		gave rise to immediate cause (a), stating the	DUETO	r as a conseou	ENICE OF					7.0		_
-1		underlying couse lost	(6)	K AS A CONSCOOL	ENCLOI					100		
1		PART 2. OTHER SIGNIFICANT (	-	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR COI	NDITION GIVE	N IN PART 1(o		==
1	O		Strok	Ce								
7	CAT	19a DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED	_
1	CERTIFICATION							YES NO	YES	ING CAUSES (	NO [	
1		21a. ACCIDENT WAS UNDERLYING	21b. TIME O		AY YEAR	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM 18, PAR	RT 1 OR PART 2)		_
	CAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	Р.		19							
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	EARM ETC.)	21f. LOCATIO	N	CITY OR TO	)WN	COUNTY	STATE	_
	~	AT WORK AT WORK			1. /		cal	r /			01111	
1		22a.1 certify that (1) (this haspi	tol) attended th	e deceased from	91	25	, 19_80	_, to	12	9 80, 11	hot (1) (we) lo	ost
1		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body		, on	d that in (my)	(our) opinion de	eath occurred on the	dote and hour	ond from the c	ouses stated	
1		226. SIGNATURE	01	A	1	DEGREE				22c. DATE S	22-82	_
		() and	ICC	wells	W		TTENDING PHYSICIAN [	MEDICAL STA	AFF ICIAN	5-	26-00	
1		22d. PHYSICIAN'S NAME (TYPE O	PRINT)			22e ADDRES	S			4		
1		tam Ri	+00ES	MO	7	1667	Cast	ta Cent	r, h	often	Md.	
Ī		URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR C		23d. LOCATION CITY OR TOWN		OUNTY	STATE	_
		BURIAL	5-27-1	.980 C	ARPEN	TER HIL	L CEME.	Round I	Bay	4.0	ryland	
	24. FU	INERAL DIRECTOR		ADDRES An	napol	ls, Md.	25a. DATE	REC'D. BY REGISTRAL	256 REGISTR	ARSSIGNATU	RE	
	WII	LIAM REESE & SO	ONS MORT	UARY, P.	Α.	.,	MAY 4	8 198U	broken	mune	7	

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or ather traumotic event, the medical exam

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TO FUNERAL DIRECTOR should be detoched for u with the Stote Dept. of Hi

the hospital or

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH 26. HOUR 1. DECEASED NAME MONTH YEAR (TYPE OR PRINT) Barnieire IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS 30 YEAR ) C1 01 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO YES 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST FIRST MIDDLE FIRST Flack Turner B. Waters Zelia B. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 1 ams APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic-PART I. DEATH WAS CAUSED BY: (AIL) INC 10mm IMMEDIATE CAUSE (0) CUNGSETNAME (13 ART FAILLYS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g NO mylen MULT. CERTIFICAT 190 DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES | NO YES [ NO [ 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on\_ and that in (my) (our) ppinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (didnot) view the body after death 22c. DATE SIGNED 226. SIGNATURE DEGREE 5/4/80 5. wattons ATTENDING MEDICAL STAFF TÉ PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY 一一、リングラーカイをかっているから 5/4/80 Removal 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SIGNATURE ADDRESS

Balto., Md.

1980

DHMH - 16 50M 7/77 (VR A 15 (4))

RP

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page Should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

# STATE OF MADVIAND

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EPARTMENT	OF HEAL	TH AND	MENTAL	HYGIENE	0
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30	- STATE	DEPAR		EALTH AND MENTAL HY	JENE U	-	,	•
L	REGISTRAR			CATE OF DEATH	REG. N	10		EDT
	CEASED NAME FIRST	WIDDLE	LA	ST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
	FLORI	ENCE Emma	W001	LFORD	MAY 1'	5. 1980		1:05 M
3. SE	X	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BI	RTHDAY) IF	F UNDER I YEAR	IF UNDER 24 HRS
	Female	White	July	z 2°, 1890	89	YRS.	ONTHS DAYS	HOURS MIN
70 B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	□ NEVER MARRIED □	9 BALTIMORE CITY		OF DEATH	
	Pennsylvania	USA	WIDOWEL		ANNE ARI	INDEL C	OHNTV	MD.
10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		ROTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b KIND C	OF BUSINESS OR
	GLEN BURNIE	NORTH ARUNI		ΣΤΤΔΤ	Housew	ife		Home
USU		OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)		lu cross coorse			
		AA GlenBu		13d INSIDE CITY LIMITS? YES NO X	307 Sev	enth A	Ave.	NE
14 F	ATHER'S NAME			15 MOTHER'S MAIDEN NA				
	Augustus	Wesse	1s	<b>E</b> mma	WIDDLE		Nize	r
160	WAS DECEASED EVER IN U.S. A		CURITY NO.	17 INFORMANT	ADDR	ESS Sa	ame a	s 13
	(YES, NO OR UNKNOWN) (IF YES, GI	None 213.05	.9627	Mr. Earl	Woolford	(son)	)	
	A CAUSE OF DEATH LEDTER	only one couse per line for (o), (b),	and ici				APPROX	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	SED BY:	roliz	TC. 0.11	w		BEIWEEN	ONSET AND DEATH
	I I I I I I I I I I I I I I I I I I I	ATE CAUSE (0)		***			+	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF  A TURIOR SHOW THE CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  A TURIOR SHOW THE CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  A TURIOR SHOW THE CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  A TURIOR SHOW THE CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  A TURIOR SHOW THE CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  A TURIOR SHOW THE CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  A TURIOR SHOW THE CONSEQUENCE OF  TO THE CONSEQUENCE OF  THE CONSEQ							
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CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	20a AUTOPSY?		WERE FINDI	
Ĭ.					YES NO	IN CERTIFY!	ING CAUSES	OF DEATH?
H H	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR		JRY IN ITEM 18, PAR	T 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DI		DAY YEAR					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION				
₹	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (I) (this has	pital) attended the deceased from	n	, 19	, to	, 19	9	that (I) (we) last
	saw the deceased alive a	n19	, ond	that in (my) (our) opinion	death occurred on the c			
	726. SHGNATURE	or view the body after death.	D	EGREE			22c. DATE	SIGNED
ш	1	en		D ATTENDING PHYSICIAN	MEDICAL STA		May	13,1980
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			AMMONDS LAN			
	L. SEENIVASA	AN, M.D.			BURNIE, MAR		21061	
23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE 23	c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION			
	Buria1			Park Cem.	Baltim	ore	OUNTY	Md •

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TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or attending physician.

DHMH - 16 50M 1/76 (VR A 15 (4))

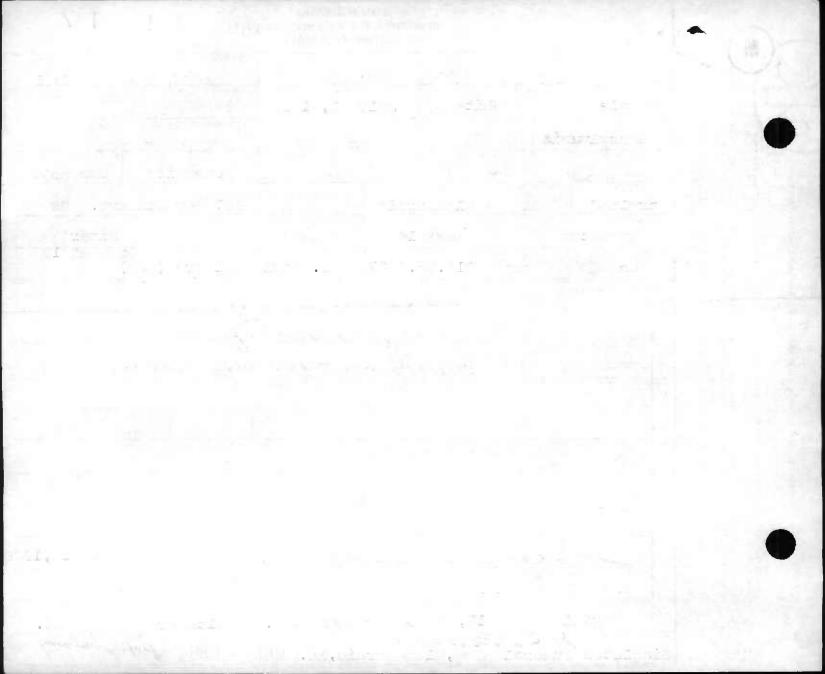
Singleton Funeral Home, Glen Burnie, Md.

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REGISTRAR TSB. HEGOTRAR'S SIGNATURE 250 DATE REC'D. BY 1980



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2s. DATE OF DEATH I. DECEASED NAME MIDDLE (TYPE OR PRINT) poge 3 5. DATE OF BIRTH AGE INVENTS LAST BACHDAY 3. SEX 4 RACE CHATS BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WI MARRIED NEVER MARRIED WIDOWED DIVORCED SPITAL, NURSING HOME OR OTHER INSTITUTION NAME OF 13d. INSIDECITY LIMITS? YES NOF 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST AUSGAARD 160 WAS DECEASED EVER IN U.S. ARMED FORCES (AEP HO ODINKHOMH) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per one far (a), (b), and phys PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a motion Canditions, if any, which gove rise to immediate other couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ò OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1(a a ā CERTIFICATION 0 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 9n DATE OF OPERATION à IN CERTIFYING CAUSES OF DEATH? be shows YES T NO I Mental Hygi 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g ACCIDENT WAS UNDERLYING Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 50 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY this e bu 0 HWO! NO YES COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this hospital) attended the deceased from DIRECTOR 19 00 saw the deceased alive an bave, (I) (and not) view the bady after death. and that in (my) ( opinion death occurred on the date and hour and from the causes stated 0 Dept. 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF should be deta with the State [ PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT S NAME (TYPE OR PRINT) 22e. ADDRESS OCATION

DHMH - 16 50M 7/77 (VR A 15 (4))

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